

Captain & Captain/Paramedic Performance Review

Evaluation Period: 6 Month 12 Month

Employee _____
Last First MI

Classification Title _____

Evaluation Period: From: _____ Month/Year To: _____ Month/Year Date of Hire: _____

This form is designed to provide employees with information concerning job performance and personal development, and supply supervisors with a tool to assist in the objective appraisal of performance results and characteristics and to identify and address developmental needs.

Employee performance of expectations during this period.

Expectation	Exceeds	Meets	Below
	Expectation		
1. Core Values	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Operational Readiness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Situational Awareness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Crew Cohesion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Emergency Operations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Training / Certifications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Administration Duties	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Describe the needed employee improvement program to be completed. Required for each expectation that is below standard. Include:

Description of the area of deficiency

Describe the expected improvement

Time-line

Describe any appropriate resources to assist employee towards expected improvement

N/A

Additional Sheet Attached

List/describe observed performance and behavior for the current period. Include observations for the listed expectations with sufficient examples and details relevant to the observations.

Additional Sheet Attached