Manager Signature

Employee Performance Review



MPLOYEE INFORMATION ame Silva Class C.P.			Employee ID	Employee ID			
ob Title Community Legal Worker			Date 22	Date DOCK ()			
construct to a		Manager ()					
epartment LOO				imyo			
eview Period							
ATINGS							
	1 = Poor	2 = Fair	3 = Satisfactory	4 = Good	5 = Excellent		
ob Knowledge				О	×		
Comments							
Vork Quality		П	Д	53			
need me	ore inform	ention fo	or family	lans.			
Comments							
Attendance/Punctuality				<u> </u>	<u>×</u>		
Comments							
	proving		<u></u>		×		
nitiative					- A		
Comments							
		П		П	×		
Communication/Listening Skills	<u> </u>	<u> </u>	hand	<u></u>			
Comments							
	I				À		
Dependability							
Comments							
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Overall Rating (average the rating numb	Jers above)						
EVALUATION							
ADDITIONAL COMMENTS	and the same of	and the second s	kandelen kande ja milita a da semente en neutra a sa tradição de fora dos e de emiliar es e a militar e de emi				
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(as agreed upon by	re Porta	el Skills	٥.				
employee and manager)							
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VERIFICATION OF REVIEW					loos not nosossaril		
By signing this form, you confirm that you indicate that you agree with this evaluation	ı have discussed this on.	review in detail wi	th your supervisor. S	igning this form a	oes not necessarii,		
poloveo Signature			Date 22 Oct 14				

Date



Employee Performance Review



EMPLUIEE	INFORMA	ION						
Name Don	onald Sainnawap			Employee ID				
Job Title Co	ob Title Community Legal Worker			Date September 28, 2020				
Departme	Legal Aid I	gal Aid Department			Manager	Heather Baillie		
Review Period	2019 – 8	September 28, 2020						
RATINGS								
		1 = Po			Satisfactory	4 = Good	5 = Excellent	
Comments	Assist clients in completing legal aid application and entering on Peoplesoft, Assisting clients in retaining counsel, regular contact with duty counsel. Attending courts							
Work Quality			E]	О	X		
Comments		ng the client inquiries a t, referrals to other ag		clients statu	s updates. E	inter application	s on	
Attendance/	Punctuality		C]			X	
Comments	Excellent.	Always informs mana	ger.					
Initiative		0	Ε]		X		
Comments Attend other courts as requested.								
Communicat	ion/Listenin	g Skills 🔲	Ε]			Ø	
Comments Communicates and listens to clients' needs								
Dependabilit	y	П	С]			Ø	
Comments	Dedicated	employee to NALSC.	Will assist in o	covering add	itional courts	and follow up w	vith clients.	
Overall Ratir	ı g (average ti	he rating numbers above)	28					
FVAVIIATTA								
EVALUATIONAL (<u> </u>	Excellent employee.			erekak alam bala			
,		Endulus Gilployee.						
GOALS	on hu	Training - Legal and	financial eligib	lity				
	agreed upon by loyee and manager) Peoplesoft refresher training							
		Computer training						
	s form, you co	VIEW Infirm that you have discuss I this evaluation.	ed this review in a	letail with your s	supervisor, Sign	ing this form does n	ot necessarily	
				Ţ	Date Octobe	er 7. 2020		
Manager Signa		Alkallio.			Date (C)	procesignature Don Sainnawap ger Signature Date October 7, 2020 Date October 7, 2020		

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Self-Evaluation Form

Employee Name: Don Sainnawap	Job Title: CLW	
Date: Sept 24/20		

Please complete the following information to help prepare for your performance review. Use the spaces provided to include appropriate comments about your job and your performance.

1. What do you consider to be the top three to five priorities of your job as you understand them?

Punctuality, working and referring clients to right lawyers, being reliable

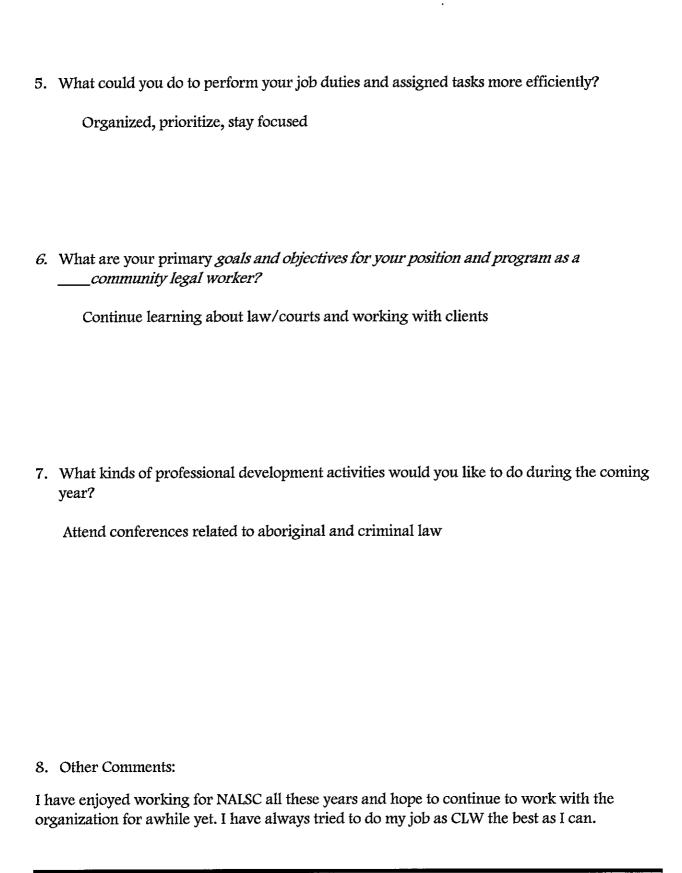
2. What do you see as your greatest accomplishment or successful efforts since the beginning of your employment with Nishnawbe-Aski Legal Services Corporation?

Being able to work independently, able to complete tasks, team player

- 3. In what area or areas would you like to gain more experience, training or education?

 Computer training, aboriginal rights, criminal/family law
- 4. What activities or trainings have you participated in to develop yourself professionally?

 Mostly reading materials online, asking/talking to lawyers



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LEGAL AID Employee Performance Review



EMPLOYEE INFORMATION Name		The second secon	Employee ID		AND THE PROPERTY OF THE PARTY O	
Name Dan Sairrawap Job Title Community begal Worker Department Local Orid			Date 29	Date 29 Jan 19 Manager Many Bird		
Department Lesal Frid Review Period 7. 275 an 19						
Review reliad . 21 3 am 19						
RATINGS						
	1 = Poor	2 = Fair	3 = Satisfactory	4 = Good	5 = Excellent	
Job Knowledge	П				1/2 0	
Finance in E	90 br 4.0.	5				
Work Quality		О			Ø	
Comments						
Attendance/Punctuality					Ž	
Comments Quanto Contact						
Initiative	D				TA-	
Comments Make Advance T	Day work					
Communication/Listening Skills				О	D	
Comments				x		
Dependability	<u> </u>			О	A	
Comments				4.9		
Overall Rating (average the rating number	ers above)					
EVALUATION						
ADDITIONAL COMMENTS I Pads for Chin= Being pushed out com	- Alle	d but	life for	AO		
Deug pushel out Com	on 1)	marce	resjo.			
GOALS (as agreed upon by employee and manager)	mpitus -					

VERIFICATION OF REVIEW	
By signing this form, you confirm that you have discussed this review in indicate that you agree with this evaluation.	detail with your supervisor. Signing this form does not necessarily
Employee Signature Day Saurawas	Date Jan 29/19
Manager Signature /	Date 29 (1 - 19

Employee Performance Review



EMPLOYEE INFORMATION						
Name Dan Sourraivers			Employee ID			
Job Title CLA			Date /7	Neighb Very Bi	A	
Department (A)			Manager $\gamma\gamma$	lung Bi	d	
Review Period Aug 15 -	17 May	16				
RATINGS						
	1 = Poor	2 = Fair	3 = Satisfactory	4 = Good	5 = Excellent	
Job Knowledge						
Comments				4.	5	
Work Quality						
Comments					X	
Attendance/Punctuality					X	
Comments						
Initiative						
Comments				*	\checkmark	
Communication/Listening Skills					X	
Comments						
Dependability					×	
Comments						
Overall Rating (average the rating number	ers above)					
EVALUATION						
ADDITIONAL COMMENTS		Modest		+		
GOALS (as agreed upon by employee and manager)	u Soft	training h	ans train	nij		
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VERIFICATION OF REVIEW						
By signing this form, you confirm that you indicate that you agree with this evaluation		eview in detail wit				
Employee Signature	innaw	ag	Date M	ay (6/	66	
Manager Signature	Pil		Date /	May 16)	
Heather	Baille		ma	ag (6/ May 16 417/16		

Employee Performance Review



EMPLOYEE INFORMATION							
Name Don Sainnawap			Employee ID	Employee ID			
Name Don Sainnawap Job Title Community Legal Worker Department			Date N	Date May 17/16 Manager Mary Birch			
			Manager M				
Review Period							
RATINGS							
	1 = Poor	2 = Fair	3 = Satisfactory	4 = Good	5 = Excellent		
Job Knowledge				X			
Comments							
Work Quality				· 1	X 🗆		
Comments - Wanld like x	none train	ing in k	Peoplis 8t.				
Attendance/Punctuality				/,			
Comments							
nitiative				□ X			
Comments							
Communication/Listening Skills				×			
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Dependability							
Comments							
Overall Rating (average the rating number	ers above)						
EVALUATION							
additional comments	Resplesh	37.					
GOALS (as agreed upon by employee and manager) -training in Reople -more training in teleconfuences - C	esati Climina Liu moni	In Samuel Stop	y law.).			
VERIFICATION OF REVIEW							
By signing this form, you confirm that you I ndicate that you agree with this evaluation		review in detail wi	ith your supervisor. Sign	ning this form doe	es not necessarily		
Employee Signature			Date				
1anager Signature			Date	Date			

Self-Evaluation Form

Employee Name:	Job Title:
Date:	Supervisor:

Please complete the following information to help prepare for your performance review. Use the spaces provided to include appropriate comments about your job and your performance.

1. What do you consider to be the top three to five priorities of your job as you understand them?

Punctuality

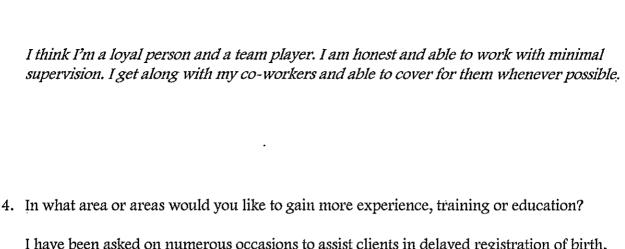
Team player

Reliability

2. What do you see as your greatest accomplishment or successful efforts since the beginning of your employment with Nishnawbe-Aski Legal Services Corporation?

I joined Nishnawbe-Aski Legal Services Corporation at the time when there was a turnover in Shibogama area. Since I have been employed by Nishnawbe-Aski I have being consistent in providing services to NAN clients. I feel confident in my position as CLW that I can handle most questions the clients ask about. However, any questions I'm not able to answer and that require legal advice are usually referred to advice lawyer.

3. Complete the following sentence. I believe that my greatest contribution to Nishnawbe-Aski Legal Services Corporation is:

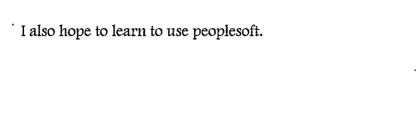


I have been asked on numerous occasions to assist clients in delayed registration of birth, change of name and change of marital status. I've been getting questions about Indian status registration as well. I wouldn't mind attending a workshop and learning more about how to properly fill out the forms so I can better assist clients from my communities.

- 5. What activities or trainings have you participated in over the last review period in order to develop yourself professionally?
 - Reading materials (books and internet)
 - Talking and asking questions to lawyers
- 6. What could you do to perform your job duties and assigned tasks more efficiently?
 - Be organized
 - Prioritize (Make a do list)
 - Good attitude
 - Consistent

7. Please complete the following. I believe my goals and objectives for the coming year should be:

I hope to continue learning more about Canadian legal system (criminal and family law)



8. What kinds of professional development activities would you like to do during the coming year?

I would like to attend workshop(s) that relate to my position.