

NISHNAWBE-ASKI LEGAL SERVICES CORPORATION
EVALUATION FORM

LAO Assessment Officer

Name of Employee Being Reviewed:	Doreen Stone
Job Title:	LAO Assessment Officer
Employed Since:	Sept 3/99
Direct Supervisor:	Mary Jean Robinson
Last Review Date:	May 13/08
Date of This Review:	June 14/11
Name of Reviewer(s):	Mary Jean Robinson, Heather Buller

The supervisor and the staff will comment on the areas set out below, as applicable. The staff member shall circulate his/her comments to the supervisor at least three (3) days before the scheduled review date.

Rating Schedule

- E = Exceptional
- A = Acceptable
- A/I = Acceptable with Room for Improvement
- U = Unacceptable
- NA = Not Applicable

PART I

Task/Item	Rating	Comments
Determine applicant's legal eligibility for legal aid, following guidelines set out in the procedures manual and specified by the Area Director.	E	
Analyze financial eligibility for legal aid, based on understanding of the applicant's financial records and LAO's policies and procedures relating to financial eligibility.	E	
Complete required information on application forms and generate necessary	E	

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Task/Item	Rating	Comments
documents in accordance with office procedures and standard formats.		
Review opinion letters and other relevant application material, as input for making eligibility decisions.	E	
Respond to inquiries from members of the legal profession and the public to provide information regarding area processes, procedures and Legal Aid decisions.	E	
Clarify status of specific legal aid files, in response to telephone inquiries from clients and lawyers.	E	

CASE ADMINISTRATION

Task/Item	Rating	Comments
Maintain knowledge of legal aid application processing rules and procedures, and legal terminology by attending LAO seminars and workshops and reading memoranda circulated.	E/I	
Maintain knowledge of on-line data processing procedures for applicant data.	E	
Monitor applicant and certificate holder status to ensure accurate eligibility records.	E	
Interview applicants to obtain legal and financial information.	E	
Enter applicant information in the SES system.	E	
Review opinion letters and other relevant application material, as input for making eligibility decisions.	E	
Contact family members to explain legal aid process and acquire applicant legal and financial information.	E	
Determine applicant's legal eligibility for legal aid, following guidelines set out in the procedures manual and specified by the Area Director.	E	
Analyze financial eligibility for legal aid, based on understanding of the applicant's financial records and LAO's policies and procedures relating to financial eligibility.	E	

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Task/Item	Rating	Comments
Authorize amendments within proscribed area office guidelines on behalf of the Area Director.	E	
Investigate applicant's information and financial statements, as follow up to financial assessment.	E	
Report results of investigation of applicant's information and financial statements to the Investigation Department.	E	
Recommend whether a legal aid certificate should or should not be issued based on knowledge of the applicant's financial assessment and LAO eligibility policies.	E	
Decide if legal certificate should be issued free of charge with payment agreement.	E/H	
Calculate amount of payment agreement given circumstances faced by applicant and existing legal aid precedents.	E	
Issue payment agreements based on established guidelines.	E	
Explain to applicants that they have been refused or that they don't meet priority guidelines established.	E	

APPLICATION ADMINISTRATION

Task/Item	Rating	Comments
Complete required information on application forms.	E	
Update files to ensure that charge screening forms and other relevant documentation is included.	E	
Generate certificates in accordance with office procedures and standard formats.	E	
Collect information to determine the ongoing status of outstanding certificates.	E	
Record receipt of client payments and lien pay-outs according to standard office procedures.	E	
Submit files and appropriate documentation to Area Office staff for processing.	E	

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ADMINISTRATIVE SUPPORT

Task/Item	Rating	Comments
Refer applicants to seek other legal and/or government services, including the lawyer referral service, legal clinics, and duty counsel, where warranted.	E	
Clarify status of specific legal aid files, in response to telephone inquiries from clients and lawyers.	E	

FORMS PROCESSING

Task/Item	Rating	Comments
Contact lawyers for processing of non-residence files.	E	
Type client related forms and certificates required for processing.	E	
Distribute information to lawyers and applicants to provide information regarding area office processes.	E	

OFFICE ADMINISTRATION

Task/Item	Rating	Comments
Respond to inquiries from members of the legal profession and the public to provide information regarding area processes, procedures and Legal Aid decisions.	E	
Arrange Area Committee meetings ensuring that appropriate equipment and facilities are booked.	E	
Provide reception and front counter relief to ensure continuous coverage during business hours.	E	

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PART II
PERFORMANCE OBJECTIVES & REQUISITE SKILLS --
EXPECTATIONS & RESULTS

COMMUNICATION

Task/Item	Rating	Comments
Keeps supervisor and others informed of relevant information on a need to know and timely basis. Ensures instructions and messages are clear, terms are explained and tone of voice is informative and does not assign blame.	E	
Ensures assertive communication style is practiced as much as possible. Effectively communicates position and demonstrates that others positions are respected. Expression of feelings and opinions is honest, and appropriate.	E	
Written communication is clear, concise, organized and persuasive. Plain language is used.	E	
Communicates effectively with clinic callers and clients, showing respect, empathy and being non-judgmental of client's lifestyle or other matters. Preserves client's dignity, fosters client confidence and trust in staff member and the clinic.	E	
Ensures the client is updated on all file developments, and that instructions are always received and documented to the client's file.	E	
Responds quickly to client telephone messages or other contact.	E	

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Task/Item	Rating	Comments
Communicates effectively with community groups and representatives ensuring that the clinic's reputation is upheld and enhanced.	E	
Complies with Board policies regarding media and other contact.	E	

TEAM PLAYER

Task/Item	Rating	Comments
Understands the importance of his/her own and others jobs to the organization.	E	
Assists others during peak load times.	E	
Takes pride in his/her own and others' work and the results of the organization. Collaborates and consults with others, as necessary, to complete the work of the organization.	E	
Volunteers and makes useful contributions in meetings and committees.	E	
Honours the ground rules for working in a productive and caring manner.	E	

INTERPERSONAL

Task/Item	Rating	Comments
Is attentive to others. Consults and collaborates with others as required. Addresses and resolves conflict onstructively. Uses appropriate humour and avoids hurtful gossip.	E	
Calms irate clients.	A/F	
Demonstrates the ability to motivate others.	E	

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DEPENDABILITY AND FOLLOW-THROUGH

Task/Item	Rating	Comments
Responds promptly and responsibly to supervisor's and co-workers' reliance on and requests for cooperation and assistance. Follows through on promises to carry out tasks etc.	E	
Assumes responsibility and expects to be held accountable for completing job assignments in an efficient and timely manner.	E	
Provides supervisor with regular and prompt updates on the progress of work and possible problems on an as needed basis.	E	
Attends regularly and punctually at the office (s), meetings, client appointments, community meetings, etc.	E	
Ensures office security at all times, and client confidentiality.	E	

EFFORT

Task/Item	Rating	Comments
Consistently and dependably works towards the completion of job responsibilities, assigned tasks, and results to the fullest extent of his/her responsibilities.	E	
Maintains a regular flow of work without undue delay and the need for reminders.	E	
Work hours are used productively.	E	
Brings enthusiasm to his/her work.	E	

INITIATIVE

Task/Item	Rating	Comments
Identifies and takes on relevant	E	

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Task/Item	Rating	Comments
and appropriate tasks when major responsibilities are completed.		
Identifies and strives to solve problems and offers innovative suggestions for positive change.	E	

JOB KNOWLEDGE

Task/Item	Rating	Comments
Knows the clinic's goals, Board policies, office practices and procedures, and job responsibilities.	E	
Possesses professional or technical knowledge and skills required in the position.	E	
Shows increasing skill in utilizing office equipment, particularly personal computers. This would include adequate typing and word processing skills, maintaining up to date directories, understanding computer network, backing up files appropriately.	E	

JUDGEMENT AND ANALYTICAL SKILLS

Task/Item	Rating	Comments
Identifies problems or opportunities within the parameters of his/her job. Sorts out peripheral issues and sets priorities accordingly. Collects and analyses data logically. Consults with others and refers to others appropriately. Develops and implements sound and timely solutions.	E	

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TIME MANAGEMENT

Task/Item	Rating	Comments
Understands the importance of using work time effectively and productively.	E	
Makes appropriate priorities between work tasks.	E	
Delegates as appropriate.	E	

GOALS & OBJECTIVES

Task/Item	Rating	Comments
Has met or exceeded the performance goals agreed to during the last evaluation, (detail if appropriate)	E	
Assists in the development of clinic's goals, including accurately completing the report to the Board and CFS.	E	
Has met or exceeded goals agreed to by the clinic staff overall, and assigned to him/her.	E/A	

TRAINING

Task/Item	Rating	Comments
Undertakes, willingly, all training opportunities, and implements new skills and knowledge appropriately.	E	
Identifies new training opportunities needed, and develops an action plan.	E	
Participates in an Eastern clinic study group or equivalent if agreed to Effectively participates. Carries out special projects agreed to efficiently and within time deadlines set.	E	N/A
Communicates effectively to coworkers the outcome of study group meetings. Circulates minutes or other appropriate	E	

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Task/Item	Rating	Comments
materials as appropriate. Ensures advancement of poverty law interests through study group.	E	

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GOALS & OBJECTIVES STATEMENT

Development Desired	Plan for Development (Include Timelines)
Better Time Management on personal business / appointments (need to get better handle on this)	→ ongoing improvement
More time devoted to reading new materials on the source	try to take more time during the day to read updates and job aids ongoing
Communication	Improve on internal communication ongoing issues to be worked on.
Area Committee	Needs more training.

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Development Desired	Plan for Development (Include Timelines)

If you need more room, please attach.

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PERFORMANCE REVIEW SUMMARY

Supervisor's Summary

- Doreen's heavy family obligations occasionally interfere with her work. She has been working on this with noticeable improvement.

- Her work is excellent and she is generous with her time and skills. A pleasure to work with.

- Can be taken advantage of when social events are planned. Needs to stand up for herself with our support.

May J. [Signature]

Reviewer's Signature

June 14, 2011

Date

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PERFORMANCE REVIEW FORM

COMMENTS

We have both read the summary of the Personnel Evaluation and the Goals Statement and it accurately reflects our review.

Employee's Comments

Will continue to work on time management and improve on those issues. Communication is a key issue to be worked on to better communicate between departments and to know what is to be expected of me.

W. M. Stone

Employee's Signature

June 15/11

Date

Supervisor's Comments

Mark D.

Supervisor's Signature

June 15/11

Date

Suzanne

To: Mary Jean Robinson (NISHN AO)

Cc: Heather Baillie (NISHN AO)

Subject: DOREEN

i have a concern when the managers are not in the office. on march 13th, doreen took it upon herself to let all the staff go at 4:48 p.m. now, i realize that this is not a hugh issue, however, she used the term 'bad roads'. the roads were not bad. rose-mae is to work until 5:30 p.m., and of course she felt she had to leave. Two staff members have approached me to let me know that they did not know what to do, as doreen has more seniority, and they felt uncomfotable leaving early. Also, she booked all staff off at 5:00 p.m. and that is not correct.

On March 12, she phoned in during lunch and indicated that she would be late. (3/4 hr) (dr's appt) - were we informed prior to appt.?

On friday March 14th, i was working from home and derek was manning the offices . Doreen had one of her son's here so that she could bring him to the doctors. i do not remember her letting anyone know this prior to friday.

i know doreen is a good worker, and as most of us, has private issues in her life (children, floods, car repairs, etc.), however, it just seems that every time there are no managers, she takes it upon her self to work her own schedule.

I am concerned that Doreen has the authority to tell staff that they can leave early. If you have given her authority in your absence (and Heather) to do so, pls let me know. This authority,however, does not apply to other staff members.

I have mentioned concerns i have had prior to this, and now feel that i have to document my concerns in writing.

Again, this is an issue that affects all staff.

Mary Jean, pls acknoweldge that you have rec'd/read this email. thank you.



LEGAL AID

Employee Performance Review

EMPLOYEE INFORMATION	
Name <i>Doreen Stone</i>	Employee ID
Job Title <i>LAO Assessment Officer</i>	Date <i>6 Feb 2019</i>
Department <i>LAO</i>	Manager <i>Mary Bird</i>
Review Period <i>to Feb 19</i>	

RATINGS	1 = Poor	2 = Fair	3 = Satisfactory	4 = Good	5 = Excellent
Job Knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<i>Comments</i>					
Work Quality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<i>Comments</i>					
Attendance/Punctuality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<i>Comments</i>					
Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<i>Comments</i>					
Communication/Listening Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<i>Comments</i>					
Dependability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<i>Comments</i>					
Overall Rating <i>(average the rating numbers above)</i>					

EVALUATION	
ADDITIONAL COMMENTS	<i>Work well together, good networking skills, focus on job</i>
GOALS <i>(as agreed upon by employee and manager)</i>	<i>Take better notes, more training opportunities, more networking with local legal aid offices, new computer, computer training, small printer/scanner/photocopier, salary equal to LAO salaries</i>

VERIFICATION OF REVIEW	
<i>By signing this form, you confirm that you have discussed this review in detail with your supervisor. Signing this form does not necessarily indicate that you agree with this evaluation.</i>	
Employee Signature <i>Doreen Stone</i>	Date <i>Feb 6, 2019</i>
Manager Signature <i>Mary Bird</i>	Date <i>6 Feb 19</i>



LEGAL AID

Employee Performance Review

EMPLOYEE INFORMATION

Name	DORCEEN STONE	Employee ID	
Job Title	LEGAL AID ASSESSOR	Date	OCT 22, 2013
Department	LAD	Manager	
Review Period	Sept 26/12 to Oct 27/13		

RATINGS

	1 = Poor	2 = Fair	3 = Satisfactory	4 = Good	5 = Excellent
Job Knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Comments	Take 1 hour to train on source. Schedule through Heather. Soon CSC training - advise them re not to give				
Work Quality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Comments	More notes in Peoplesoft. Including Financial Note F-5 - annual income				
Attendance/Punctuality	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments	Late issue is resolved with a change of hours. (See attached)				
Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Comments	Advise general support when encountering difficulties.				
Communication/Listening Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments	Limiting personal calls and texting to breaks away from desk				
Dependability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Comments					
Overall Rating (average the rating numbers above)					

EVALUATION

ADDITIONAL COMMENTS: I phone to be turned off except on breaks. Emergency call through switchboard

GOALS (as agreed upon by employee and manager):

- Heather + Dorcen to work on files going into a separate drive and arranging go forward.
- Increase use of electronic storage.

VERIFICATION OF REVIEW

By signing this form, you confirm that you have discussed this review in detail with your supervisor. Signing this form does not necessarily indicate that you agree with this evaluation.

Employee Signature	<i>Dorcen Stone</i>	Date	Oct 22/13
Manager Signature	<i>Heather Baillie</i>	Date	Oct 27/13

Employee suggest lawyers get training on disbursement approval.



LEGAL AID

Employee Performance Review

EMPLOYEE INFORMATION

Name	DORCEEN STONE	Employee ID	
Job Title	LEGAL AID ASSESSOR	Date	OCT 22, 2013
Department	L.A.O.	Manager	
Review Period	Sept 26/12 to Oct 27/13		

RATINGS

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Job Knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Comments	Take 1 hour to train on source schedule through Heather. Soon CSC training - advise them re: not to come				
Work Quality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Comments	More notes in PeopleSoft. (including Financial Note F-5 - annual income)				
Attendance/Punctuality	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments	Late issue is resolved with a change of hours. (See attached)				
Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Comments	advise general support when encountering difficulties.				
Communication/Listening Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments	Limiting personal calls and texting to breaks away from desk				
Dependability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Comments					
Overall Rating (average the rating numbers above)					

EVALUATION

ADDITIONAL COMMENTS I phone to be turned off except on breaks. Emergency call through switchboard.

GOALS (as agreed upon by employee and manager)

- > Heather + Doreen if work on files going into a separate drive and arranging go forward.
- > Increase use of electronic storage.

VERIFICATION OF REVIEW

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Employee Signature	<i>Doreen Stone</i>	Date	OCT 22/13
Manager Signature	<i>Heather Baillie</i>	Date	OCT 27/13

Employee suggest lawyer get training on disbursement approval.



LEGAL AID

Employee Performance Review

EMPLOYEE INFORMATION	
Name	Employee ID
Job Title	Date
Department	Manager
Review Period	

RATINGS					
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Job Knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Comments</i>					
Work Quality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Comments</i>					
Attendance/Punctuality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Comments</i>					
Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Comments</i>					
Communication/Listening Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Comments</i>					
Dependability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Comments</i>					
Overall Rating (average the rating numbers above)					

EVALUATION
ADDITIONAL COMMENTS
GOALS (as agreed upon by employee and manager)

VERIFICATION OF REVIEW	
<i>By signing this form, you confirm that you have discussed this review in detail with your supervisor. Signing this form does not necessarily indicate that you agree with this evaluation.</i>	
Employee Signature	Date
Manager Signature	Date



LEGAL AID

Employee Performance Review

EMPLOYEE INFORMATION	
Name	Employee ID
Job Title	Date
Department	Manager
Review Period	

RATINGS					
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Job Knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Comments</i>					
Work Quality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Comments</i>					
Attendance/Punctuality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Comments</i>					
Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Comments</i>					
Communication/Listening Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Comments</i>					
Dependability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Comments</i>					
Overall Rating <i>(average the rating numbers above)</i>					

EVALUATION
ADDITIONAL COMMENTS
GOALS <i>(as agreed upon by employee and manager)</i>

VERIFICATION OF REVIEW	
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Employee Signature	Date
Manager Signature	Date



LEGAL AID

Employee Performance Review

EMPLOYEE INFORMATION

Name	DORCEEN STONE	Employee ID	
Job Title	LEGAL AID ASSESSOR	Date	OCT 22, 2013
Department	LAD	Manager	
Review Period	Sept 26/12 to Oct 27/13		

RATINGS

	1 = Poor	2 = Fair	3 = Satisfactory	4 = Good	5 = Excellent
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Comments	Take 1 hour to train on source, schedule through Heather. Good CSC training - advice - then is not to use.				
Work Quality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Comments	More notes in Peoplesoft. Including Financial note F.5 - annual income.				
Attendance/Punctuality	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments	Late issue is resolved with a change of hours. (See attached)				
Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Comments	advise general support when encountering difficulties.				
Communication/Listening Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments	Limiting personal calls and texting to breaks away from desk				
Dependability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Comments					
Overall Rating (average the rating numbers above)					

EVALUATION

ADDITIONAL COMMENTS iPhone to be turned off except on breaks. Emergency call through switchboard

GOALS (as agreed upon by employee and manager)

- > Heather + Doreen to work on files going into a separate drive and arranging go forward.
- > Increase use of electronic storage.

VERIFICATION OF REVIEW

By signing this form, you confirm that you have discussed this review in detail with your supervisor. Signing this form does not necessarily indicate that you agree with this evaluation.

Employee Signature	Doreen Stone	Date	OCT 22/13
Manager Signature	Mary J. Kolan Heather Baillie	Date	OCT 27/13 OCT 22/13

Employee suggest lawyer get training on disbursement approval.



LEGAL AID

Employee Performance Review

EMPLOYEE INFORMATION	
Name	DORGEN STONE
Job Title	ASSESSMENT OFFICER
Department	LAD
Review Period	JUNE 14/11 TO SEPT 26/12

RATINGS		1 = Poor	2 = Fair	3 = Satisfactory	4 = Good	5 = Excellent
Job Knowledge		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Comments	Suggest one hour every 2 weeks for reading & learning on the source. Begin after class on Thursday.					
Work Quality		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Comments						
Attendance/Punctuality		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments	Moving this week. Now has schedule in place. Will let us know if needs to adjust work hours.					
Initiative		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Comments						
Communication/Listening Skills		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Comments						
Dependability		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Comments						
Overall Rating (average the rating numbers above)	Good to excellent.					

EVALUATION	
ADDITIONAL COMMENTS	I phone to be turned off except on back unless emergency. If necessary family to call in through switchboard.
GOALS (as agreed upon by employee and manager)	<ul style="list-style-type: none"> -> To spend time every 2 weeks learning on excel: One hour away from regular tasks. -> Training on excel. Dorgen will arrange * training on Jany Pac (Heather will arrange.)

VERIFICATION OF REVIEW	
By signing this form, you confirm that you have discussed this review in detail with your supervisor. Signing this form does not necessarily indicate that you agree with this evaluation.	
Employee Signature	Dorgen Stone
Manager Signature	Mary & Robe + Barle
Date	Sept 26/12
Date	Sept 26/12
Date	Sept 24/12