



# LEGAL AID

## Employee Performance Review

EMPLOYEE INFORMATION	
Name <i>Roberta Wesley</i>	Employee ID
Job Title <i>Community Legal Worker</i>	Date <i>22 Oct 14</i>
Department <i>LAO</i>	Manager <i>Mary Bird</i>
Review Period	

RATINGS	1 = Poor	2 = Fair	3 = Satisfactory	4 = Good	5 = Excellent
<b>Job Knowledge</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Comments	<i>Still learning, very quick learner, will ask questions if necessary</i>				
<b>Work Quality</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Comments					
<b>Attendance/Punctuality</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Comments					
<b>Initiative</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Comments	<i>Is working well with new issues.</i>				
<b>Communication/Listening Skills</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Comments					
<b>Dependability</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Comments					
<b>Overall Rating</b> (average the rating numbers above)					

EVALUATION	
ADDITIONAL COMMENTS	
GOALS <i>(as agreed upon by employee and manager)</i>	<i>Continued education on legal issues.</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>[Signature]</i>	Date <i>Oct 22/2014</i>
Manager Signature <i>[Signature]</i>	Date <i>22 Oct 14</i>