



LEGAL AID

Employee Performance Review

EMPLOYEE INFORMATION	
Name <i>Roberta Wesley</i>	Employee ID
Job Title <i>Community Legal Worker</i>	Date <i>29 Jan 19</i>
Department <i>LAO</i>	Manager <i>Mary Bird</i>
Review Period <i>? to 29 Jan 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"/>
Comments <i>Applications well done.</i>					
Work Quality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Comments <i>Really good travel requests & expenses</i>					
Attendance/Punctuality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Comments <i>Always advise staff when she is</i>					
Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Comments <i>Looks for training opportunities</i>					
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 type="checkbox"/>	<input checked="" type="checkbox"/>
Comments					
Overall Rating (average the rating numbers above)					

EVALUATION
ADDITIONAL COMMENTS
GOALS (as agreed upon by employee and manager)
<i>Any → all training opportunities</i>

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>[Signature]</i>	Date <i>Jan. 29/19</i>
Manager Signature <i>[Signature]</i>	Date <i>29 Jan 19</i>