



LEGAL AID

Employee Performance Review

EMPLOYEE INFORMATION	
Name Jocelyn Rae	Employee ID
Job Title Legal Aid Assessment Officer	Date September 29, 2020
Department Legal Aid Department	Manager Heather Baillie
Review Period September 29, 2020	

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"/>
<i>Comments</i>	Process legal aid applications, assist clients on telephone with application and referrals				
Work Quality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<i>Comments</i>	Responding to clients inquiries, seeks directions from LA coordinator for decisions on certificate eligibility.				
Attendance/Punctuality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<i>Comments</i>	Always informs manager				
Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<i>Comments</i>	Performs tasks as requested. Cover northern courts as directed				
Communication/Listening Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<i>Comments</i>	Following up with CLW's clients and following up with correspondence				
Dependability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<i>Comments</i>	Dedicated employee to NALSC				
Overall Rating (average the rating numbers above)	28				

EVALUATION	
ADDITIONAL COMMENTS	Excellent employee.
GOALS <i>(as agreed upon by employee and manager)</i>	Family law training – court procedures, court documents Computer training – Outlook 365

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	Jocelyn Rae
Manager Signature	H Baillie
Date	Oct 20/20
Date	Oct 20/20

Self-Evaluation Form

Employee Name: <u>Jocelyn Row</u>	Job Title: <u>WAO Assessment</u>
Date: <u>Sept 29 (20)</u>	

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?

Input:
- Applications - Jail, Crim, then family.
- Answer calls from clients that need to apply for legal aid.
- Answer calls from ^{remains} lawyers.

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

Working for the people - help in anyway I can.

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

4. What activities or trainings have you participated in to develop yourself professionally?

Mental Health.

5. What could you do to perform your job duties and assigned tasks more efficiently?

- home office - (covid times)

6. What are your primary *goals and objectives* for your position and program as a log assessment worker?

- help people

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

- Mental Health. First aid.

8. Other Comments: