

Employee Performance Evaluation
Central Oklahoma Community Action Agency

Employee Name		Position	
Program		Supervisor	
Evaluation period		Evaluation date	
Review Type (Circle One)	5 Month Probationary or 5 month New Position or Annual	Annual date	

Criterion	E	G	NI	Remarks
The employee work meets program goals and objectives				
Employee uses available resources effectively				
Employee knows and follows organizational policies and procedures				
Employee responds effectively to the needs of clients.				
The employee keeps and turns in timely, accurate work documentation				
Employee requires minimum supervision; completes tasks without prompting				
Employee communicates clearly with team members, supervisor, clients				
Employee practices safety procedures on the job				
Employee suggests changes to improve program performance				
Employee maintains required confidentiality				
Employee dresses appropriately for this position				
Employee is receptive to and flexible about new ideas and practices				

Evaluation Key: E-Excellent G-Good NI-Needs Improvement. Please add descriptions to support Excellent or Needs Improvement ratings. Complete a Training Plan for all Needs Improvement ratings.

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Criterion	E	G	NI	Remarks
Employee begins and ends work according to schedule				
Employee seeks out new assignments when finished with own work				
Employee properly selects work priorities (time management)				
Employee fosters a positive and supportive attitude with peers and clients				
Employee employs good judgment in decision making process				
Employee has adequate knowledge of job needs and requirements				
Employee relates tactfully and effectively with supervisor				
Employee adapts well to a variety of situations				
Employee demonstrates commitment to the organization, the work it does, and those it serves				

Describe any examples of how the employee exceeded job requirements and expectations that have not been captured above.

Describe training or education the employee has identified that would enhance her/his job performance beyond the minimum job requirements.

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This evaluation was completed by:

Name	Title	Date reviewed with employee	Signature
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I have reviewed this evaluation with my supervisor and have received a copy of the results. Check one of the following statements:

I **agree** that this is a fair and accurate reflection of my job performance.

I **disagree** that this is a fair and accurate reflection of my job performance

Employee signature _____

Employee Comments

Program Director _____

Date _____

HR Director _____

Date _____