## **EMPLOYEE PERFORMANCE DEVELOPMENT PLAN FORMS [SAMPLES]**

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| **EMPLOYEE INFORMATION** |
| **Name:** |  | **Review date:** |  |

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| **SECTION 1: PERFORMANCE REVIEW** |
| **Major tasks** (from job description) *(What do I do?)* | **Performance rating***(How am I doing?)* n/a = not applicable1 = needs development2 = satisfactory3 = above average4 = outstanding | **Comments***(Include feedback)* |
| **n/a** | **1** | **2** | **3** | **4** |
| Coordinates patient care through the clinic – waiting room, prep procedures, exam room, etc. |  |  |  |  |  |  |
| Answers enquiries by phone and in person in a helpful, respectful, and efficient manner. |  |  |  |  |  |  |
| Maintains appointment schedule and manages recalls. |  |  |  |  |  |  |
| Maintains EMR efficiently, accurately and in accordance with [YOUR CLINIC NAME] policy. This includes maintaining the patient chart. |  |  |  |  |  |  |
| Ensures exam rooms are stocked appropriately and ensures that they are ready for next patient. |  |  |  |  |  |  |
| Ensures patient confidentiality. |  |  |  |  |  |  |
| Cleans and sterilizes materials and instruments following [YOUR CLINIC NAME] policy. |  |  |  |  |  |  |
| Performs patient prep procedures and documents findings on the patient record. |  |  |  |  |  |  |
| Performs billing procedures for multiple payers (MSP, ICBC, WCB, RCMP, etc.) and applies and collects non-insured fees where applicable. |  |  |  |  |  |  |

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| **SECTION 2: PERFORMANCE REVIEW** |
| **PERFORMANCE RATINGS**n/a = not applicable1 = needs development2 = satisfactory3 = above average4 = outstanding |
| **Skills** | **n/a** | **1** | **2** | **3** | **4** | **Skills** | **n/a** | **1** | **2** | **3** | **4** |
| Work quality (including accuracy) |[ ] [ ] [ ] [ ] [ ]  Solves problems |[ ] [ ] [ ] [ ] [ ]
| Work volume |[ ] [ ] [ ] [ ] [ ]  Demonstrates cost awareness |[ ] [ ] [ ] [ ] [ ]
| Demonstrates community health perspective in work |[ ] [ ] [ ] [ ] [ ]  Demonstrates good judgment and decision making |[ ] [ ] [ ] [ ] [ ]
| Communicating with other staff |[ ] [ ] [ ] [ ] [ ]  Shows initiative |[ ] [ ] [ ] [ ] [ ]
| Communicating with patients and families |[ ] [ ] [ ] [ ] [ ]  Organized |[ ] [ ] [ ] [ ] [ ]
| Writing |[ ] [ ] [ ] [ ] [ ]  Understands when to refer questions to a doctor or others |[ ] [ ] [ ] [ ] [ ]
| Is a team player |[ ] [ ] [ ] [ ] [ ]   |  |  |  |  |  |
| Employees comments – use this space to provide feedback on how the employer can support you in improving your performance. Always include feedback to support 1 and 4 ratings. |

Evaluator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Evaluator:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **SECTION 3: EMPLOYEE DEVELOPMENT PLAN** |
| Employee For period to  |
| Employee Aspirations and Goals (5 year outlook) |
| Employee Education Plan(2 year outlook) |
| Employee Development Plan (what experience would you like to gain in the next 2 years?) |
| Approval Employee Signature Date HR Director Signature |