

St. Clair County Community Mental Health  
**Employee Performance Review and Development**

EMPLOYEE NAME: \_\_\_\_\_ POSITION: \_\_\_\_\_

EVALUATION DATE: \_\_\_\_\_ EVALUATOR NAME: \_\_\_\_\_

TYPE OF ACTIVITY (Check one)  Annual Evaluation  
 Review of Policy 08-001-0010 Computer Information Systems Security  
 Computer/Information Systems Consent Form (form #201)  
 Other (specify) \_\_\_\_\_

**MISSION / VISION / VALUES**

**MISSION:** *“Promoting Discovery & Recovery Opportunities for Healthy Minds & Bodies”*

**VISION:** Recognizes that all people have the capacity to **discover, recover**, grow and positively change their thinking, beliefs and behaviors.

Facilitates **equal access** to quality services.

Assures availability and access to effective evidence-based services where programs and opportunities are designed to promote **choice** and responsibility tailored to the strengths and needs of the individual.

Effectively plans, evaluates, and monitors the system to assure **accountability** for the most effective and efficient management of resources.

**VALUES:**      Respect for Individuals      Community Commitment      Personal & Professional Development  
                         Continuous Improvement      Innovation      Teamwork

**INSTRUCTIONS / DEFINITION OF RATING TERMS**

Supervisors: Please use the ratings below when scoring competencies:

- 3 Exceeds Expectations - Performance often, or at times, exceeds expectations.
- 2 Meets Expectations - Performance is consistent, fully acceptable at the expected level.
- 1 Needs Improvement - Performance is not consistent at fully acceptable level.
- 0 Below Minimum Acceptable - Performance is consistently below an acceptable level.

**SIGN-OFF**

EMPLOYEE SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

EVALUATOR SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

DIVISION DIRECTOR SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

# COMPETENCIES

<b>KEY:</b> 3 Exceeds Expectations    1 Needs Improvement (Not consistent at fully acceptable level) 2 Meets Expectations            0 Below Minimum Acceptable	<b>2019</b>	<b>2020</b>	<b>2021</b>
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<b>A. RESPECT FOR INDIVIDUALS</b> (Consistently treats all people with dignity and respect)			
<b>B. ACCOUNTABILITY</b> (Stands responsible for conduct, actions, and decisions)			
<b>C. CONTINUOUS IMPROVEMENT</b> (Ability and willingness to acquire necessary new information and skills)			
<b>D. COMMUNICATION</b> (Verbal and written communications are constructive, effective, respectful and clear)			
<b>E. TEAMWORK</b> (Demonstrates ability and willingness to work cooperatively and effectively as part of a team)			
<b>F. JOB KNOWLEDGE / SKILL</b> (Extent of job information and understanding possessed by employee)			
<b>G. JOB PERFORMANCE ACCURACY / EFFICIENCY</b> (Ability to properly organize and carry out job duties completing a normal amount of work in a timely manner)			
<b>H. EFFECTIVENESS</b> (Productivity or obtaining desired outcome)			
<b>I. JUDGMENT / DISCRETION</b> (Extent to which decisions and actions are based on sound reasoning and weighting of possible outcomes)			
<b>J. INITIATIVE</b> (Extent to which employee is a self-starter in attaining job objectives)			
<b>K. JOB ATTITUDE</b> (Amount of interest, enthusiasm, and positive intent shown on the job)			
<b>L. ADAPTABILITY</b> (Extent to which employee adapts to changes in work situation)			
<b>M. FOLLOWS POLICIES</b> (Demonstrates understanding of an adherence to policies)			
<b>TOTAL</b>			

Required Trainings Completed: \_\_\_\_\_

Documentation Attached:     Yes  No

Flex Schedule Reviewed/Updated as Appropriate:     Yes     No     N/A

# EMPLOYEE PERFORMANCE NOTES

**INSTRUCTIONS:**

Use this section to record any additional comments you'd like to make with regard to competencies. Also, use this section to comment on areas that scored a "3".

COMPETENCY AREA	RELATED COMMENTS (Optional)

# EMPLOYEE ACTION PLAN(S)

**INSTRUCTIONS:**

Each employee must have at least one (1) Action Plan (Goal) for the year. Address any competency area that scored "0" or "1" in the Remediation Plan section.

COMPETENCY AREA	RELATED ACTION PLANS

## CAREER PLANNING

**INSTRUCTIONS:**

In this section indicate if employee is/isn't interested in Career Planning. Indicate what positions employee is interested in and what steps will be taken to prepare for this future goal.

\_\_\_\_\_

## REMEDATION PLAN

**INSTRUCTIONS:**

This section of the evaluation is only used when an employee's total score is 19 or for competencies scored 1 or 0. The program supervisor uses this section to identify performance concerns, expectations and timetable for completion.

AREA(S) OF PERFORMANCE CONCERN	RELATED CONDUCT / PERFORMANCE	BY WHEN	REVIEW OF PROGRESS		
			SUCCESSFULLY COMPLETED	NOT COMPLETED TIMETABLE EXTENDED	NOT COMPLETED UNSUCCESSFUL

(If upon review, program supervisor determines the overall remediation plan performance has been unsuccessful, the remediation plan is referred for administrative review.)

PLAN DEVELOPMENT	PLAN REVIEW
Employee Signature: _____ Date: _____	Employee Signature: _____ Date: _____
Program Supervisor: _____ Date: _____	Program Supervisor: _____ Date: _____
Division Director: _____ Date: _____	Division Director: _____ Date: _____