Employee Performance Development Plan Forms [samples]

Employee:_____

Review Date: _____

SECTION 1: PERFORMANCE REVIEW

MAJOR TASKS (from job description) What I do?	**ASSESSMENT OF CURRENT PERFORMANCE** (How am I doing?) NA = not applicable; 1 = needs development; 2 = satisfactory; 3 = above average; 4 = outstanding	**COMMENTS** (always include feedback to support 1 and 4 ratings)
1. Coordinates patient care through the clinic – waiting room, prep procedures, exam room		
2. Answers enquiries by phone and in person in a helpful, respectful and efficient manner		
3. Maintains appointment schedule and manages recalls		
4. Maintains EMR efficiently, accurately and in accordance with [YOUR CLINIC NAME] policy. This includes maintaining the patient chart.		
5. Ensures exam rooms are stocked appropriately and ensures that they are ready for next patient		
6. Ensures patient confidentiality		
7. Cleans and sterilizes materials and instruments following [YOUR CLINIC NAME] policy.		
8. Performs patient prep procedures and documents findings on the patient record		
9. Performs billing procedures for multiple payers (MSP, ICBC, WCB, RCMP etc) and applies and collects non-insured fees where applicable		

SECTION 2: PERFORMANCE REVIEW

PERFORMANCE RATINGS

NA = not applicable
1 = needs development
2 = satisfactory
3 = above average
4 = outstanding

Skills	NA	1	2	3	4	Skills	NA	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											

Comments (always include feedback to support 1 and 4 ratings) Employees – use this space to provide feedback on how the employer can support you in improving your performance.

Evaluator: _____ Date:_____

Evaluator:_____ Date:_____

Employee:_____ Date:_____

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