



Our Mission To provide quality services which enhance the lives of people with disabilities.

## Annual Employee Evaluation

*This evaluation is to be completed annually with each employee*

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Employee Name: \_\_\_\_\_  
Department: \_\_\_\_\_  
Hire Date: \_\_\_\_\_  
Evaluation Period: \_\_\_\_\_

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Position(s): \_\_\_\_\_  
Direct Supervisor(s): \_\_\_\_\_

### **Section One: Employment Discussion & Self-Assessment**

1. Do you enjoy your job at Quest Support Services Inc.?

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2. What do you like most about your job?

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3. What challenges or frustrates you in your employment?

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4. In what areas have you been exceptional this year?

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5. Which areas of employment are you working on to improve?

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## Section Two: Employment Rating Scale

Circle the rating that best describes the employee's performance under each Performance Factor

Evaluated by Individual Care Supervisor: \_\_\_\_\_

Performance Factors	1	2	3	4	5
Documentation	1 Needs constant direction to complete documents on time and accurately	2 Needs to improve their documentation skills	3 Sometimes need reminders or corrections regarding their documentation	4 Good documentation skills, and completes paperwork on time	5 Excellent documentation skills in all areas
Co-worker Relationships	1 Poor relationships with co-workers	2 Has had some issues with co-workers	3 Has adequate relationships with co-workers	4 Maintains good relationships with co-workers	5 Has been praised by co-workers
Communication with Supervisor	1 Fails to communicate with Supervisor and is difficult to get a hold of	2 Provides minimal feedback to Supervisor and does not respond to inquiries in a timely manner	3 Has adequate communication with Supervisor	4 Has good communication and responds to inquiries	5 Is accessible and provides valuable feedback to Supervisor
Professionalism and conduct	1 Not professional in the workplace	2 Has had some issues with professionalism in the workplace	3 Meets the professionalism standard of the workplace most of the time	4 Meets expectations and there have been no concerns with professionalism	5 Is professional and represents the agency in a positive manner
Individual relationships	1 Has had several complaints from individuals	2 Has had a couple complaint from individuals	3 Has adequate relationship with individuals	4 Has very good relationships with individuals	5 Goes above and beyond to ensure they have good relationships
Individual Programming	1 Does not show acceptable understanding of programming	2 Has had a variety of issues and more training is required	3 Understands most, and has needed minimal follow up	4 Full understanding and confidence with programming	5 Fully understands programming and provides feedback and suggestions
Compliance with agency policy and procedure	1 Not aware of common agency policies	2 Aware of very basic policies	3 Works in accordance with agency policy, and needs very few reminders	4 Works in accordance to agency policy	5 Works in accordance to agency policy, and refers to policy often
Knowledgeable of their role as a Disability Service Worker	1 Does not demonstrate an understanding of basic job description	2 Understands the basics of their job description	3 Understands Job Description with very few reminders	4 Understands job description and their role as a DSWI	5 Goes above and beyond job description
Compliance with agency Mission and Vision	1 Is not aware of Mission and Vision of the company	2 Minimal familiarity with agency objectives	3 Fully aware of what the agency values	4 Understands job description and their role as a DSWI	5 Is fully aware of agency Mission and vision and works everyday in accordance with these values
<b>TOTAL SCORE #1:</b>					



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Evaluated by Employee Resource Supervisor: \_\_\_\_\_

Performance Factors	1	2	3	4	5					
<i>Mandatory Employment Requirements</i>	1	Has never had completed requirements	2	Constantly needs reminders to update requirements	3	Needed a couple reminders to complete requirements	4	Very little reminding to complete requirements	5	Always maintains a complete file
<i>Attendance &amp; Punctuality</i>	1	Frequently late, or taking short notice time off	2	Had above average short notice time off and late arrivals	3	Had a few short notice requests, and been late a couple times	4	Concerns regarding time off and tardiness are very rare	5	Always on time, and books time off according to agency policy
<i>Adaptability and Flexibility</i>	1	Refuses change to routine	2	Does not have confidence in changes to routine	3	Is comfortable with change in most situations	4	Will accept new challenges and changes with a positive attitude	5	Very flexible and willing to help out in a variety of situations
<i>Consistent Availability</i>	1	Often changes availability, backs out of agreed upon shifts, and does not have a permanent placement	2	Has changed availability multiple times, and does not have a permanent placement	3	Has changed availability a couple of times this year	4	Rarely requests changes in schedule and availability, and has a permanent shift	5	Always consistent with permanent shift
<b>TOTAL SCORE #2:</b>										

**TOTAL SCORE #1: \_\_\_\_\_ + TOTAL SCORE #2: \_\_\_\_\_ = TOTAL SCORE: \_\_\_\_\_**

13 – 30: Needs immediate improvement

31 – 38: Below average employee, has some good qualities but improvements need to be made

39 – 52: Good employee. Understands role and performs in accordance with agency standards

53 – 65: Excellent employee. Goes above and beyond job description



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### Section Three: Goals

Current Goals:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Have you achieved your goals? Please elaborate.

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New Goals:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Management will support the employee to achieve their goals in the following ways:

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*I understand that if I do not agree with this evaluation, I may discuss these concerns with an Associate Director*

*I have reviewed and updated the Employee Agreements on my Employee File*

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**Completed by:**

Employee Name (Print) \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Supervisor Name (Print) \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**Reviewed by:** \_\_\_\_\_ ERC Representative (Print Name) \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_