

HomeWise Health

Staff Performance - Planning & Assessment

Period

This document is a record of my performance plan and subsequent review.

* Staff to complete, * Manager to Complete

Date: *

My Name: *

Position: *

Date: *

Planning manager: *

Position: *

Date: *

Assessing manager: *

Position: *

Is the Position Description current? *

(If no, please make a note and update at the first opportunity.)

Performance Management

How the performance will be measured *

To be completed by the manager in conjunction with the staff member

1	
2	
3	
4	
5	

How it will be monitored *

To be completed by the manager in conjunction with the staff member

1	
2	
3	
4	
5	

My Attributes		Were these strengths utilised?	
Strengths*		My Assessment	Manager Assessment
1			
2			
3			
4			
5			

Growth Opportunities*		(Select Goal Priority)	Priority / Focus*	Did I make improvements?	
				My Assessment	Manager Assessment
1					
2					
3					
4					
5					

Key Objectives for this Period		How did I perform in my Role?		
This Role's Core Performance Measures*		Priority / Focus*	Member Assessment	Manager Assessment
Refer to the Performance Metrics and Position Description for the relevant priority & focus				
1. Practice/Plan Management		2		
2. Care Management		5		
3. Client Satisfaction		5		
4. Team Contribution		3		
5. Company Contribution		2		

Personally*		(Select Goal Priority)	Priority / Focus*	How did I go Personally?	
Complete other personal goals you have for this year				Member Assessment	Manager Assessment
1					
2					
3					
4					
5					

My training needs*		(Select Goal Priority)	Priority / Focus*	How did my Training go?	
Outline the training this period				Member Assessment	Manager Assessment
1					
2					
3					
4					
5					

My career development objectives*		(Select Goal Priority)	Priority / Focus	Did I obtain my objectives?	
With an eye to what I want to do next what skills should I develop				Member Assessment	Manager Assessment
1					
2					
3					
4					
5					

My comments

The space below is provided for me to make any comments about the outcomes from this process

The Performance Plan *

(at the time the plan is being completed)

The Assessment *

(at the time the assessment is performed)

Signatures of both parties

Both parties agree to adhere to the measures & objectives covered in this form.

Performance Plan

My Signature * (upon completion of the Plan)

Date: *

Planning Manager *

Date: *

Performance Assessment

My Signature * (on completion of the Assessment)

Date: *

Assessing Manager *

Date: *

Next Review: (no greater than 12 mths from the review)

Planned Date: *

Note: A copy of this document will be available and added to the employment file.

Priorities and Ratings

Assessment Ratings

Excellent	Very Good	Good	Satisfactory	Oh Dear!
5	4	3	2	1

Priority/Focus Importance Indicators

Critical	High	Very	Average	Low/Minor
5	4	3	2	1