**Family Advocate/ Family Educator**

**Performance Appraisal**

**Date:**   **Employee Name:** ****

**Position Title:** 

 **Supervisor Name:**  **Date of Hire**: 

**Type of Evaluation (check all that apply)**

[ ]  **Annual**

[ ]  **New Assignment/Position**

[ ]  **Staff Member is on a Performance Plan** (excluding attendance)



Needs Development **(ND)** Did not meet performance criteria in at least one aspect of a

particular key Pillar or performance indicator. \**As evidenced by an active Performance Improvement Plan.*

Meets Standards **(MS)** Meets performance criteria in all aspects of a particular key

Pillar or performance indicator

Progressing **(PR)**,

Does not yet meet standards due to being new to the agency, role or skill but is satisfactorily progressing. This should only be used after consulting with the Child Development Director or/ Human Resource Manager

Exceeds Standards **(ES)** Consistently meets expectations in all aspects of a particular key

Pillar or performance indicator, and consistently exceeds expectations in the areas as evidenced by at least two individual and specific examples of exceeding expectations in the evaluation period. \* *This rating requires a minimum of two specific examples in “Comments” Section.*

**Attendance**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Days Missed** **(Jan 1- Dec 31)**(**July 1-Jun 20 PY)** | **Exceeds** [ ]  1 day or less missed | **Meets** [ ] 3 days or less missed | **Area of Concern** [ ] (4-6 days missed) | **Needs** [ ] **Development**(More than 6 days missed) |

**Performance**

|  |  |
| --- | --- |
|  | **Agency Pillars:** **Health & Safety**: Follows health and safety policies to support a safe work environment for employees as well as a healthy environment for children and their families. Knowledge of child abuse and neglect policies and procedures. Supports families by giving resources related to health services. Collaborates with families to meet the health requirements for Head Start.**Consistency:** Follows established systems and routines in place that ensure consistency in programming across classrooms/sites. Responds in a similar manner to like situations to create an environment of predictability for families, children, and other staff members. Reports to work within attendance policy, works a regular schedule, always displays professionalism, and participates in all Agency training events.**Best Practice:** Employs best practice, which is a method or technique that has been generally accepted as superior to any alternatives because it produces results that are superior to those achieved by other means. It has become a standard way of doing things related to relevant content areas or areas of work. |
|  | **Exceeds Standards** | **Meets Standards** | **Progressing** | **Needs Development** |
| **Follows established Health and Safety Policies**  |[ ] [ ] [ ] [ ]
| **Maintains Consistency**  |[ ] [ ] [ ] [ ]
| **Follows Best Practices**  |[ ] [ ] [ ] [ ]
| **Customer Service/Building Positive Relationships -** Builds positive working relationships with families, and co-workers. |[ ] [ ] [ ] [ ]
| **Teamwork**- Active participant contributing to organizational goals. Fosters collaboration and cooperation within immediate team, in working with families, staff across the Agency, and with community partners. Exhibits positive outlook and attitude. Builds positive relationships with classroom staff. |[ ] [ ] [ ] [ ]
| **Communication-**Speaks clearly and respectfully. Active listener. Able to effectively convey accurate information in formal and informal written formats. Adjusts language and communication style as appropriate depending on audience. Timeliness. |[ ] [ ] [ ] [ ]
| **Time Management-** Uses time wisely to complete tasks, meets deadlines, able to prioritize. Includes consistent time punches in AOD(i.e. not forgetting to punch in out) |[ ] [ ] [ ] [ ]
| **Interactions with Families and Children-**Actively engages in conversations with children and families that are respectful and personal. Provides individualized support for families including goal setting. |  |  |  |  |
|  | **Exceeds Standards** | **Meets Standards** | **Progressing** | **Needs Development** |
| **Documentation:** Completes and records all required documentation completely and in a timely manner. Includes, but not limited to: Child Plus, Child/family files, TSG and other as required. Includes scanning and uploaded all documents and in a timely manner. |[ ] [ ] [ ] [ ]
| **Attendance Monitoring and Problem Solving-**Ensures families are aware of attendance expectations and provides education to parents regarding the importance of child attendance. Continually monitors child attendance and addresses with family when attendance drops below agency expectations. Completed Attendance Success Plans with families who may need support around attendance |[ ] [ ] [ ] [ ]
| **Organizational Skills:** Filing and documentation in Child Plus is completed with accuracy and in a timely manner. Work is organized in a way that it is quickly and easily accessible. Effectively utilizes the resources available in ChildPlus reporting to enhance the organization of data. Keeps calendar up to date and shares as needed |[ ] [ ] [ ] [ ]
| **Meetings-** Coordinate and plans with teachers and attends parent meetings. Schedule and attend regular meetings with classroom staff (teachers) between Teachers and Family Advocate. |[ ] [ ] [ ] [ ]

**Overall Evaluation**

**(This is calculated by which category has the majority of rankings)**

|  |
| --- |
| **\_\_\_\_\_ Needs Development (ND)** |
|  **\_\_\_\_\_Meets Expectations (ME/Progressing(PR))** |
| **\_\_\_\_\_ Exceeds Standards (ES)** |

|  |  |  |  |
| --- | --- | --- | --- |
| **Listed below do not compute in Overall Evaluation listed above but may be considered in ongoing improvement and/or PIP** | **MeetsStandards** | **Needs Development** | **NA** |
| **Punctuality- not late/leave early more than 3 times total** |[ ] [ ]   |
| **Personal appearance (adheres to policies)** |[ ] [ ]   |
| **Courtesy/Respect (staff, parents, teachers and visitors)** |[ ] [ ]   |
| **Maintains required certifications/credentials,**  |[ ] [ ] [ ]
| **Confidentiality (maintains confidentiality- not sharing confidential information with other staff and outside of agency)** |[ ] [ ]   |
| **Recruitment hours complete (Recruitment hours total\_\_\_\_\_\_\_)**  |[ ] [ ] [ ]
| **Knowledgeable about community resources and/or knows where to seek information,**  |[ ] [ ] [ ]

**Previous Year Goal Progress**

**Employee Comments:**

**Goal 1: Previous Year: Goal Met: ☐Yes** **☐No ☐NA**

**Goal Summary:**

**Goal 2: Previous Year: Goal Met: ☐Yes ☐No ☐NA**

**Goal Summary:**

**Goal 3: Previous Year: Goal Met: ☐Yes ☐No ☐NA**

**Goal Summary:**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Summary Review** **In reviewing the overall performance of the employee, Summarize their greatest strengths and accomplishments over the previous year as well as items to work on for the next year****Accomplishments and greatest strengths (give, at minimum, 2 concrete examples)****Tasks/Areas to work on** (not listed in goals):**Professional Development Goal(s):** (List all professional development goals for the next calendar year)**Annual Training Plan - Scheduled Trainings**

|  |  |  |  |
| --- | --- | --- | --- |
| Training | Hours | Target Completion Date | Actual Completion Date |
| Required Trainings: |  |  |  |
| Safety Care (annual) | 8 |       |       |
| Mandated Reporting (annual) | 1.5 |       |       |
| Sexual Harassment (annual) | .5 |       |       |
| Licensing Guidelines (annual) | 1 |       |       |
| Blood Born Pathogens (annual) | .5 |       |       |
| MRTQ Health & Safety Renewal (annual) | 2 |       |       |
| ERSEA | .5 |       |       |
| MED 101 (annual) | 1 |       |       |
| Inservice- (4 per year) | 10 |       |       |
| Bed Bugs (annual) | .5 |       |       |
| Estimated Total | 25.5 |  |  |
|  |  |  |  |
| CPR/First Aid (bi-annual) 8 hrs | 8 |       |       |
| Estimated Total w/CPR – 33.5 hours | 33.5 hours |       |       |
|  |  |  |  |
| Additional Trainings: |  |  |  |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
| **Professional Development Goals Related Trainings** |  |  |  |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
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|       |       |       |       |
| Sub Total |       |       |       |
| Grand Total |       |       |       |

**☐I understand my job responsibilities performance expectations, and the terms and conditions under which I am expected to work.** **I,☐(Do) Concur with my supervisor’s evaluation. ☐Do Not) Concur with my supervisor’s evaluation.****Employee Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Supervisor Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Manager/Director Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **Executive Director Initials: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |