

APPENDIX 23: *EMPLOYEE ANNUAL PERFORMANCE REVIEW FORM*

Employee Annual Review

Employee Name: _____

Start Date: _____

The annual review is for all Lifetime Networks employees. This review gives employees the opportunity to give and receive feedback on their past year of employment with Lifetime Networks. This review also give managers the opportunity to recognize and appreciate the wonderful work employees do, the difference it makes to individuals and families, and to discuss opportunities for development.

At this time, managers and Lifetime Networks employees will set goals for professional development for the upcoming year.

Employee Signature: _____

Manager Signature: _____

Date of Annual Review: _____

I do not agree with this evaluation.

Employee Signature: _____

Date: _____

Employee Annual Checklist

- Review and Signing of Oath of Confidentiality, Conflict of interest and Standards of Conduct and Ethics
- Occupational Health and Safety Competency based trainings completed and attached at back of review
- Critical Incident Reporting Competency Based trainings completed and attached at back of review
- Positive Behaviour Supports powerpoint completed
- Evidence of ongoing education (Open future learning) in personnel file
- Copy of recent Driver's abstract in personnel file
- Review of Complaints policy and procedure completed
- Review of previous year's goals completed

Please take some time to reflect and answer the following questions. :

- 1.** How do you feel in your role as a _____?
- 2.** What have been your key accomplishments over the last year?
- 3.** Are there any skills you would like to improve on over the next year?
- 4.** As managers, what can we do to better support you moving forward in your position with Lifetime Networks?

Please reflect on these expectations, add your comments and respond to the **'How Often'** column with **"always"**, **"often"**, **"sometimes"** or **"rarely"**.

The Program Managers will add their comments in the space as well. The Program Managers will reflect on your answers to **'How Often'** and will discuss together with you at the meeting.

Role Expectation	Comment	How often?
a). Do you feel you have a thorough understanding of your role? If not, how can we assist you?		
b). Do you develop positive relationships with the individuals you support at Lifetime Networks?		
c). Do you complete your written reports in an accurate, clear and timely manner?		
d). Are you comfortable supporting an individual in a one to one setting?		
e). Are you comfortable supporting an individual in a group setting?		
f). Do you network effectively within the community to increase opportunities for the people you are supporting?		
g). Do you manage your time effectively to provide the best possible support for individuals?		
h). Are you able to effectively and respectfully address the physical support needs of individuals with the training you have received?		
i). Do you have a working understanding of positive behaviour supports up to and including during crises?		
j). Are you comfortable writing critical incident reports with the training you have been given? ,.		
k). Do you feel you follow the health and safety policies and practices?		
l). Do you practice a person centered approach?		
m). Do you do your best to support the individual in the pursuit of their identified goals?		
n). Do you identify opportunities for individuals to develop skills and activities that are of interest to them?		

o). Do you create complete and accurate Person Centered Plans?		
p). Do you receive effective support from Lifetime Networks to be successful in your position?		
q). Do you have positive working relationships with coworkers, families and care givers?		

Additional Comments:

The Program Manager and Employee set goals with measurable outcomes for the next year.

Goal	Date to be completed