

**BEFORE THE BOARD OF DIRECTORS OF THE
KLAMATH 9-1-1 EMERGENCY COMMUNICATIONS DISTRICT**

IN THE MATTER OF UPDATING POLICY)
CHAPTER 2: Personnel, Regular Review)

RESOLUTION 26-04

RESOLUTION 26-04

BE IT RESOLVED that Klamath 9-1-1 Emergency Communications District operates under its adopted District Policy and Procedures.

NOW, THEREFORE, BE IT RESOLVED that the Board of Directors of Klamath 9-1-1 Emergency Communications District do hereby authorize and adopt the added and updated policy language to district policy chapter two.

Add red letter language to and remove striked through language from Chapter 2-67:

Regular Review

All employees ~~will be evaluated at least annually in the month of July~~ **receive a yearly evaluation at the end of quarter 4 no later than July 31st. Annual evaluations will be documented on the Annual Employee Evaluation Form.**

Quarterly Employee Check-Ins and Quality Assurance (QA) Review

To support employee development, maintain high standards of performance, and ensure consistent service quality, the agency will conduct quarterly employee check-ins for all staff.

Each check-in will include the following components:

1. Performance Discussion

A one-on-one meeting between the employee and their supervisor to review overall performance, address any concerns, and provide feedback and support.

2. Quality Assurance (QA) Review

A review of QA evaluations conducted during the quarter, including feedback on call handling, documentation, and adherence to agency protocols. The review will highlight strengths and identify areas for improvement.

3. Goal Setting and Support

Employees and supervisors will collaboratively set goals for the upcoming quarter and discuss any training, resources, or support needed to achieve those goals.

Documentation

A summary of the check-in and QA review will be documented on the Quarterly Employee Evaluation with QA and Matrix Form and placed in the employee's working file. This documentation will be used to track progress and support annual evaluations.

These quarterly check-ins are intended to foster open communication, continuous improvement, and professional growth. Participation is mandatory and will be scheduled by supervisors in coordination with staff.

Quarterly check-ins will be conducted as follows:

- **Quarter 1: No later than October 31st**

- **Quarter 2:** No later than **January 31st**
- **Quarter 3:** No later than **April 30th**
- **Quarter 4:** Annual evaluation conducted no later than July 31st

Pay and Probation Recommendations

A recommendation concerning qualification for a merit or step increase and/or passing probation to regular employee status shall be set forth in a performance evaluation.

Supplemental Evaluation

A supplemental performance evaluation may be submitted on any occasion deemed appropriate by a supervisor to clarify performance deficiencies and goals or plans for improvement.

Attachments:

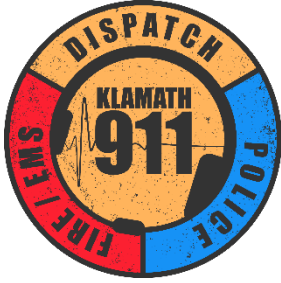
Appendix A - Annual Employee Evaluation Form

Appendix G - Quarterly Employee Evaluation with QA and Matrix Form

This matter having come before them at their meeting on February 18th, 2026.

ATTEST: _____
Amanda Rose, Executive Director

Sandra Fox, Board Chair



Employee Evaluation Form

Employee Name

Evaluation Date

Job Title

Evaluator

Instructions: Using the scale below, compare the performance of the employee being rated against the performance criteria listed for each factor. Select the rating which best indicates the individual's performance on each of the criterion and enter it in the box provided.

Level 4 (MS): Mastered Skills

Performance is above and beyond and has exceeded expectations in all *essential* areas of responsibility, and the quality of work overall was excellent. The quality of work overall was excellent and all annual goals were met.

Level 3 (EE): Exceeds expectations

Performance consistently exceeded expectations in all *essential* areas of responsibility, and the quality of work overall was excellent. Annual goals were met.

Level 2 (ME): Meets expectations

Performance consistently met expectations in *essential* areas of responsibility, at times possibly exceeding expectations while at other times not meeting expectations. The quality of work overall was adequate and the most critical annual goals were met.

Level 1 (I): Improvement needed

Performance did not *consistently* meet expectations – performance failed to meet expectations in one or more *essential* areas of responsibility, and/or one or more of the most critical goals were not met. A professional development plan to improve performance must be attached, including timelines, and monitored to measure progress.

Factor A: Work Ethic

Performance Criteria:

	Maintains regular attendance and punctuality.
	Maintains a positive attitude while on shift.
	Displays a willingness to help co-workers.
	Maintains composure during heavy radio traffic/ call volume.

Example of past performance to support evaluation:

--

Factor B: Job Knowledge/ Teamwork

Performance Criteria:

	Understands the duties and responsibilities of the job.
	Works with other members of the office to create an effective team.
	Decisions are within the scope of authority and rarely requires review or amendment.
	Has the ability to consider facts and reach a logical decision in a timely manner.
	Demonstrates ability to input appropriate information into CAD in a timely and efficient manner.
	Demonstrates proficiency with each system utilized in CT and Dispatch.

Example of past performance to support evaluation:

--

Factor C: Communication

Performance Criteria:

	Interactions with the public and outside agencies demonstrate efficiency, competency, and courtesy.
	Maintains good working relationship with co-workers and problems that occur are resolved.
	Required information is obtained from caller through perceptive questioning.
	Accurately receives and relays correct information to field units.

Example of past performance to support evaluation:

--

Factor D: Policies and Procedures

Performance Criteria:

	Incoming calls are acknowledged and appropriate action is taken without delay.
	Coordinates and assigns field units during extreme emergency/ stressful situations.
	Follows proper protocol for EMD/ FD runs.
	Maintains proper protocol for LEDS requirements.

Example of past performance to support evaluation:

--

Factor E: Equipment

Performance Criteria:

	Specified operation procedures are followed in the use and maintenance of equipment.
	Demonstrates ability to troubleshoot equipment/ CAD problems.

Example of past performance to support evaluation:

Goals/ Development Activities: List action the supervisor and employee have agreed upon to further develop employee capabilities.

Overall performance evaluation: TOTAL

Level 4 (MS): Mastered Skills

Performance is above and beyond and has exceeded expectations in all *essential* areas of responsibility, and the quality of work overall was excellent. All annual goals were met.

Level 3 (EE): Exceeds expectations

Performance consistently exceeded expectations in all *essential* areas of responsibility, and the quality of work overall was excellent. Annual goals were met.

Level 2 (ME): Meets expectations

Performance consistently met expectations in *essential* areas of responsibility, at times possibly exceeding expectations while at other times not meeting expectations. The quality of work overall was adequate and the most critical annual goals were met.

Level 1 (I): Improvement needed

Performance did not *consistently* meet expectations – performance failed to meet expectations in one or more *essential* areas of responsibility, and/or one or more of the most critical goals were not met. A professional development plan to improve performance must be attached, including timelines, and monitored to measure progress.

I acknowledge receipt of this review.

Signature of Employee

Date

Comments of Employee

Signature of Operations Manager

Date

Signature of Executive Manager

Date

20 answers

(I) = 1.25

(II) = 2.5

(III) = 3.75

(IV) = 5

Create sum of all answers and that will provide final score

100-76 = Level IV (MS)

75-51 = Level III (EE)

50-26 = Level II (ME)

25-0 = Level I (I)



Quarterly Employee Evaluation Form

Employee Name:

Job Title:

Date Range:

Evaluation Date:

Evaluator:

Instructions for QA Self-Evaluation Portion

Note – Do this for each incident attached.

This is a **fillable self-evaluation form**. Please listen to each attached audio recording for the incident, review the CAD notes, and complete the **self-evaluation section** by marking **Yes**, **No**, or **N/A** for each item.

To score a Yes, the information must be asked for. To score No, you did not ask for the information and should have, or your tone and display of courteousness was not to the level it should have been. N/A means that it does not apply to this call. Use the comment section below to reflect on your performance.

Police Call Taking Quality Assurance & Self Evaluation Table

Police CALL TAKING – Q A EVALUATION				SELF EVALUATION			
Dispatcher's Name:				Dispatcher's Name:			
Incident Number:				Incident Number:			
Nature of Call:				Nature of Call:			
CALLTAKING	Yes	No	N/A	CALLTAKING	Yes	No	N/A
Location of occurrence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Location of occurrence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Caller's Name	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Caller's Name	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Caller's telephone number	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Caller's telephone number	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Correct Nature Code Used	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Correct Nature Code Used	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Asked about time of occurrence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Asked about time of occurrence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Asked about weapons	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Asked about weapons	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Asked about alcohol and drug use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Asked about alcohol and drug use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Asked if it is physical or verbal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Asked if it is physical or verbal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Questioned about need for an ambulance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Questioned about need for an ambulance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Questioned about number of subjects	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Questioned about number of subjects	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Asked about info on subjects	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Asked about info on subjects	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Asked about vehicle description	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Asked about vehicle description	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Asked about direction of travel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Asked about direction of travel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Police CALL TAKING – Q A EVALUATION				SELF EVALUATION			
Asked other incident-specific questions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Asked other incident-specific questions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Takes control of call using good judgment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Takes control of call using good judgment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Remained calm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Remained calm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Courteous	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Courteous	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accurate information added to CAD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Accurate information added to CAD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall call handled properly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Overall call handled properly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional Comments / Reflections

--	--

Radio Dispatching – Police Evaluation

DISPATCHING – QA Evaluation	Yes	No	N/A	Self-Evaluation	Yes	No	N/A
Dispatcher’s Name:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Dispatcher’s Name:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Incident Number:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Incident Number:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nature of Call:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Nature of Call:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Processes incident promptly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Processes incident promptly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Correct number of units assigned	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Correct number of units assigned	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nature given when initiating dispatch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Nature given when initiating dispatch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dispatched info accurately	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Dispatched info accurately	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All pertinent information from CAD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All pertinent information from CAD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Answered radio in a timely fashion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Answered radio in a timely fashion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

DISPATCHING – QA Evaluation	Yes	No	N/A	Self-Evaluation	Yes	No	N/A
Correctly identified units requesting info	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Correctly identified units requesting info	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Correctly identified info given/requested	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Correctly identified info given/requested	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Complete and accurate info added to CAD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Complete and accurate info added to CAD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Listens and comprehends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Listens and comprehends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Articulates	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Articulates	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Remained calm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Remained calm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall call handled properly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Overall call handled properly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional Comments / Reflections

--	--

Fire/ EMS Calltaking – QA & Self-Evaluation

CALLTAKING – QA Evaluation	Yes	No	N/A	Self-Evaluation	Yes	No	N/A
Verified location of occurrence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Verified location of occurrence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Caller’s name	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Caller’s name	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Caller’s telephone number	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Caller’s telephone number	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Determined why ambulance is needed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Determined why ambulance is needed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Determined approximate age of the patient	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Determined approximate age of the patient	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Determined if the patient is conscious/awake	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Determined if the patient is conscious/awake	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CALLTAKING – QA Evaluation	Yes	No	N/A	Self-Evaluation	Yes	No	N/A
Determined if the patient is breathing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Determined if the patient is breathing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Followed Agency’s prescribed protocols/policies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Followed Agency’s prescribed protocols/policies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gave appropriate instructions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gave appropriate instructions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Takes control using good judgement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Takes control using good judgement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Remained calm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Remained calm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Courteous	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Courteous	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall call handled properly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Overall call handled properly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional Comments / Reflections

--	--

Radio Dispatching – Fire/EMS Evaluation

DISPATCHING – QA Evaluation	Yes	No	N/A	Self-Evaluation	Yes	No	N/A
Dispatcher’s Name:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Dispatcher’s Name:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Incident Number: _	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Incident Number: _	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nature of Call: ____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Nature of Call: ____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Processes incident promptly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Processes incident promptly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nature given when initiating dispatch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Nature given when initiating dispatch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Followed Agency’s protocol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Followed Agency’s protocol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dispatched incident accurately and concisely	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Dispatched incident accurately and concisely	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

DISPATCHING – QA Evaluation	Yes	No	N/A	Self-Evaluation	Yes	No	N/A
Notified responders of scene safety issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Notified responders of scene safety issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All pertinent information from CAD disseminated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All pertinent information from CAD disseminated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Answered radio traffic in a timely fashion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Answered radio traffic in a timely fashion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Correctly identified apparatus requesting info	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Correctly identified apparatus requesting info	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Correctly identified info requested/given	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Correctly identified info requested/given	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Complete and accurate info added to CAD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Complete and accurate info added to CAD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dissemination of critical/confidential info appropriately	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Dissemination of critical/confidential info appropriately	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Listens and comprehends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Listens and comprehends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Articulates	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Articulates	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Remained calm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Remained calm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Appropriate notifications made in a timely fashion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Appropriate notifications made in a timely fashion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional Comments / Reflections

--	--

Quarterly Self Evaluation Form

You will fill this out and during our face to face, we will compare it to the evaluators form.

Performance Criteria	4 – MS 3 – EE 2 – ME 1 – I	Comments
Factor A: Work Ethic		
Maintains regular attendance and punctuality		
Maintains a positive attitude while on shift		
Displays a willingness to help co-workers		
Maintains composure during heavy radio traffic/call volume		
Factor B: Job Knowledge / Teamwork		
Understands the duties and responsibilities of the job		
Works with others to create an effective team		
Makes decisions within scope of authority		
Reaches logical decisions in a timely manner		
Inputs accurate information into CAD efficiently		
Demonstrates proficiency with CT and Dispatch systems		

Factor C: Communication		
Interacts with public and agencies with courtesy and competence		
Maintains good working relationships with co-workers		
Uses perceptive questioning to gather required information		
Accurately relays information to field units		
Factor D: Policies and Procedures		
Acknowledges calls and takes appropriate action.		
Coordinates field units during emergencies		
Follows proper protocol for EMD/FD runs		
Maintains LEDES protocol compliance		
Factor E: Equipment		
Follows procedures for equipment use and maintenance		
Troubleshoots equipment/CAD issues effectively		

Quarterly Goals / Development Activities

Goals / Development Focus	
List agreed-upon goals or areas of focus for the next quarter	

Overall Performance Rating :

Overall Rating (Circle One): 4 – MS 3 – EE 2 – ME 1 – IN

Additional Comments / Reflections

--	--

Employee Signature: **Date:**

Evaluator Signature: **Date:**

Level 4 (MS): Mastered Skills

Performance is above and beyond and has exceeded expectations in all *essential* areas of responsibility, and the quality of work overall was excellent. The quality of work overall was excellent, and all annual goals were met.

Level 3 (EE): Exceeds expectations

Performance consistently exceeded expectations in all *essential* areas of responsibility, and the quality of work overall was excellent. Annual goals were met.

Level 2 (ME): Meets expectations

Performance consistently met expectations in *essential* areas of responsibility, at times possibly exceeding expectations while at other times not meeting expectations. The quality of work overall was adequate, and the most critical annual goals were met.

Level 1 (I): Improvement needed

Performance did not *consistently* meet expectations – performance failed to meet expectations in one or more *essential* areas of responsibility, and/or one or more of the most critical goals were not met. A professional development plan to improve performance must be attached, including timelines, and monitored to measure progress.