



## OREGON DEPARTMENT OF FISH AND WILDLIFE PERFORMANCE EVALUATION

This form will be used to evaluate all classified, seasonal, management, and executive service employees. (See "Performance Evaluation Clarifications and Instructions" for guidance completing this Performance Evaluation form available on ODFW Inside at [http://www.dfw.state.or.us/hr/policies/450\\_05-A.pdf](http://www.dfw.state.or.us/hr/policies/450_05-A.pdf)).

EMPLOYEE NAME: _____		SUPERVISOR NAME: _____	
CLASS NO: _____		POSITION #: _____	
REPORT PERIOD: From _____	To _____	NEXT EVALUATION DUE: _____	
EVALUATION FOR: <input type="checkbox"/> Annual <input type="checkbox"/> Trial Service <input type="checkbox"/> End of Season <input type="checkbox"/> Other (specify) _____			

### Part 1: OVERALL RATING & NARRATIVE SUMMARY

Check the appropriate box. Include additional narrative to clarify or support the overall rating.

<input type="checkbox"/> High Performing	<input type="checkbox"/> Successful	<input type="checkbox"/> Marginal	<input type="checkbox"/> Unsatisfactory
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Narrative Summary: \_\_\_\_\_.

### Part 2: CURRENT EMPLOYEE PERFORMANCE GOALS (not required for seasonal employees)

Based on the position's major responsibilities, review the goals that were expected of the employee during this performance period:

Goal: \_\_\_\_\_.

Goal: \_\_\_\_\_.

Goal: \_\_\_\_\_.

(If additional space is needed, add information here): \_\_\_\_\_.

### Part 3: PERFORMANCE RATINGS

All employees will be evaluated on categories 1 through 7. Management and executive service employees are additionally evaluated on categories 8 through 12. Management service measures may be selected for classified employees where appropriate (e.g., lead workers, working out of class). Attributes for the categories are listed in the Performance Evaluation Clarifications and Instructions available at [http://www.dfw.state.or.us/hr/policies/450\\_05-A.pdf](http://www.dfw.state.or.us/hr/policies/450_05-A.pdf).

ALL EMPLOYEES	High Performing	Successful	Marginal	Unsatisfactory	N/A
1. Work Habits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Workload Management:	-	-	-	-	-
a. Timeliness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Accuracy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Productivity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Effective Communication:	-	-	-	-	-
a. Orally	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. In writing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Judgment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Job Performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Constructive Interactions with:	-	-	-	-	-
a. the public	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. co-workers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. supervisors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

MGMT/EXEC SERVICE	High Performing	Successful	Marginal	Unsatisfactory	N/A
8. <u>AA/EEO/Diversity</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. <u>Safety/Workers Compensation</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. <u>Employee Selection/Development</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. <u>Supervision</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. <u>Leadership</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Additional Narrative Summary for Management/Executive Service (optional):</b> _____					

**Part 4: EMPLOYEE PERFORMANCE GOALS FOR UPCOMING YEAR (not required for seasonal employees)**

Identify 3-5 performance goals on which the employee is to be evaluated for the upcoming year (Note: These should be discussed/identified with the employee prior to conducting the performance review for the current year):

**Goal:** \_\_\_\_\_.

**Goal:** \_\_\_\_\_.

**Goal:** \_\_\_\_\_.

(If additional space is needed, add information here): \_\_\_\_\_.

**Part 5: PROFESSIONAL DEVELOPMENT OBJECTIVES & TRAINING (not required for seasonals)**

Identify **training and development objectives** for employee and how they will be achieved (or attach ODFW Career Development Form (HR Policy 450\_05, Attachment B)). Development plan should be discussed with the employee prior to conducting the performance review for the current year. Review mandatory training to ensure employee is current.

\_\_\_\_\_.

**Part 6: ORGANIZATIONAL SUPPORT (this section is optional and to be completed by the employee)**

What suggestions do you have as to how your supervisor, co-workers, and/or agency management can better support you in your present job and future career goals (attach additional pages, as needed)? \_\_\_\_\_

**Part 7: Signatures**

Signatures: Sign in the order listed.	Sign-Off Section (initials) (use "n/a" as applicable)	
	<u>Supervisor</u>	<u>Employee</u>
Supervisor _____ Date _____	Interim Discussion: _____	_____
Reviewer _____ Date _____	Date of Discussion: _____	_____
Employee* _____ Date _____	Position Description Review: _____	_____
Appointing Authority _____ Date _____	<input type="checkbox"/> Revision attached <input type="checkbox"/> No change	_____
	Code of Conduct Policy Review: _____	_____
	Is Position Subject to Annual Criminal History Checks <i>and/or</i> Driving Record Checks**?	_____
	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
	Emergency Information: _____	_____
	<input type="checkbox"/> Current <input type="checkbox"/> Updated (and attached)	_____
	** Reminder: Employees must report to their supervisor any convictions (including pleas of no contest), traffic/driving citations which could affect driving privileges and/or violate ODFW's acceptable driving record guidelines, or pending legal issues for violations of law no later than five calendar days after the event.	

\* Employee's signature is required only to indicate that employee has read the evaluation.