



Calgary Progressive Lifestyles Foundation

Providing Services for Citizens with DisAbilities

Professional Development Evaluation

Part A: Self Evaluation

**It is understood that this evaluation is to be growth oriented, fair, non-judgmental and positive.*

- Think carefully and make judgment of the qualities based on the entire period covered not upon isolated incidents.

Personal Information:

Name:	Job title	Date:
Reviewed by:		

Contact Information: *Please provide your best contact information;*

Email:	Phone Numbers: Home: Mobile:
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Job responsibilities and CPLF's Mission

State your understanding of your job and how does it relates to CPLF Mission

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Job review and Discussions;

1	What do you consider to be your most important achievements of the past year?	
2	What elements of your job do you find most difficult?	
3	What do you like and or dislike about working for this organization?	
4	What action could be taken to improve your performance?	



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5	What action could be taken by CPLF to improve your performance?	
6	What training/experiences would benefit you in the next year?	
7	Do you work alone? Do you feel safe?	Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> If no please explain why you do not feel safe:

Score your own skills or knowledge in the following areas
(0 = Poor, 1 = Satisfactory, 2 = Good, 3 = Excellent).

Objectives		Objectives	
Knowledge about the duties and responsibilities		Working in a team	
Reporting and Communication skills		Professional Ethics	
Understanding and Facilitating client's Rights		Initiative	
AT-EI/ Any support devices managing		CPLF's Social Enterprises	
Problem-solving, Professional Judgement and Decision-making		Others (specify):	

****I understand that the following documents need to be valid while working at CPLF****

Documents	Y/N	Documents	Y/N
Valid Police Clearance with Vulnerable Persons Check		CPLF Orientation	
Standard 1 st Aid Level C		Abuse Protocol	
Medication Administration		Crisis Prevention and Intervention	
Auto Insurance \$2,000,000 liability		Driver's License	
Mixing Valve		Commercial Liability Insurance	
All adults 18+ in support home have police clearance			



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Part B: Supervisor's Evaluation

***Is the staff requesting to work more hours: yes/ no: _____ (If Yes note the availability)**

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
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Morning							
Evening							
Overnight							

	Uncertain or Improvement Needed	Understood or No Improvement Needed			
Has the skillset and ability to do job successfully.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Reports and communicates to supervisor in a timely manner.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Understands confidentiality and takes steps to ensure his/her privacy.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Understands what client's goals are and works towards them.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Has all the necessary training, education, and support from the agency in order to fulfill job duties.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
At all times, staff and clients rights and dignity are respected.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Has a positive professional and cooperative attitude toward work.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

Does staff show signs of burnout?

Yes _____ No _____



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Recommendations/Comments:

2. Supervisor's Observations/Positive Notables:

I agree that the above has been discussed and agreed with the evaluator. I can receive a copy of this professional development upon request.

Staff's Name

Signature Date

Supervisor's Name

Signature Date