



Calgary Progressive Lifestyles
Foundation

Providing support services to people 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 isolate incidents.

Personal Information

Name _____ Date _____

Job title _____

Reviewed by _____

Personal Information (please provide the most current and accurate contact information)

Email _____ Cell Phone # _____

Home Phone # _____

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

Job review and discussions

What do you consider to be your most important achievements of the past year?

What elements of your job do you find most difficult?

What do you like and or dislike about working for this organization?

What action could be taken to improve your performance?	
What action could be taken by CPLF to improve your performance?	
What training/experiences would benefit you in the next year?	
Do you work alone? Do you feel safe?	<p style="text-align: center;">Y N If no please explain why:</p>

Score your own skills or knowledge in the following areas:

0 = Poor 1 = Satisfactory 2 = Good 3 = Excellent

Knowledge about the duties and responsibilities		Working on 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

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

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
Morning							
Evening							
Overnight							

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

Does staff show signs of burnout? Yes No

Recommendations / Comments:

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