

Annual Evaluation: Therapist

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Employee Name:		Review Date:		
Position:		Date of Hire:		
Supervisor:		Time in Position:		
Program/Site:		Next Review Due:	Next Review Due:	
dissemination of hi	igh-quality, cost-effe	ildren and families through the developm tive, community-based services and supp		
	rd Annual Goals			
Annual Goals from Past Year		Employee Summary of Progress toward	Goals	
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	Supervisor E	aluation of Progress Toward Annual Goal	le .	
	Supervisor L	aluation of Flogress Toward Almuai Goal	13	
Feedback				
TOGUNGIA		Client and Referent Feedback		
Summarize Feedback from Clients and Referents Regarding this Employee				
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Evaluation of Overall Progress

Employee and supervisor both rate the employee's performance for each performance measure. Written comments in this section are optional. Any measures marked "Requires Annual Goal" should be addressed specifically in comments (in individual measures or in the Overall Comments section below). "Requires Annual Goal" indicates a more serious level of concern than "Needs Improvement." Activities may be included in the employee's annual goals even if "Requires Annual Goal" is not marked below.



Performance Measure	Employee Evaluation	Supervisor Evaluation
Is respectful of families served (avoids labeling, inferences, blaming).	Meets or exceeds expectations Needs improvement Requires annual goal (below) Comments:	Meets or exceeds expectations Needs improvement Requires annual goal (below) Comments:
Provides high-quality clinical services (engagement, assessment, service planning, motivational interviewing, cognitive and behavioral interventions, teaching skills, etc.).	Meets or exceeds expectations Needs improvement Requires annual goal (below) Comments:	Meets or exceeds expectations Needs improvement Requires annual goal (below) Comments:
Is responsive and flexible to client needs (is available, is accessible, schedules appointments at convenient times, etc.).	Meets or exceeds expectations Needs improvement Requires annual goal (below) Comments:	Meets or exceeds expectations Needs improvement Requires annual goal (below) Comments:
Attends appropriately to safety concerns (accurately completes safety assessments, develops effective safety plans with family members, responds appropriately to crises, follows agency guidelines for contacting supervisor, etc.).	☐ Meets or exceeds expectations ☐ Needs improvement ☐ Requires annual goal (below) Comments:	☐ Meets or exceeds expectations ☐ Needs improvement ☐ Requires annual goal (below) Comments:
Participates regularly and professionally in team consultation (on time, stays for entire meeting, clear and concise presentations, voices needs or wants, states goals and actions taken, discusses progress as well as problems, is supportive of other team members).	 Meets or exceeds expectations Needs improvement Requires annual goal (below) Comments: 	Meets or exceeds expectations Needs improvement Requires annual goal (below) Comments:
Is a supportive team member (provides back-up for others, helps with team projects, encourages team members).	Meets or exceeds expectations Needs improvement Requires annual goal (below) Comments:	Meets or exceeds expectations Needs improvement Requires annual goal (below) Comments:
Works effectively and respectfully with IFD colleagues (team members, office staff, supervisor, management, etc.).	Meets or exceeds expectations Needs improvement Requires annual goal (below) Comments:	Meets or exceeds expectations Needs improvement Requires annual goal (below) Comments:
Accepts and utilizes feedback in a timely manner.	Meets or exceeds expectations Needs improvement Requires annual goal (below) Comments:	Meets or exceeds expectations Needs improvement Requires annual goal (below) Comments:
Demonstrates the ability to work effectively and professionally with colleagues in the community, including referents.	☐ Meets or exceeds expectations ☐ Needs improvement ☐ Requires annual goal (below) Comments:	☐ Meets or exceeds expectations ☐ Needs improvement ☐ Requires annual goal (below) Comments:



Is dependable (completes tasks, checks in daily with office, calls in when sick, etc.).	☐ Meets or exceeds expectations ☐ Needs improvement ☐ Requires annual goal (below) Comments:	☐ Meets or exceeds expectations ☐ Needs improvement ☐ Requires annual goal (below) Comments:		
Maintains accurate, high-quality client records (concise, complete, well-written, good grammar, etc.).	☐ Meets or exceeds expectations ☐ Needs improvement ☐ Requires annual goal (below) Comments:	☐ Meets or exceeds expectations ☐ Needs improvement ☐ Requires annual goal (below) Comments:		
Completes agency paperwork (timesheets, expense sheets, mileage, etc.) accurately and on time.	☐ Meets or exceeds expectations ☐ Needs improvement ☐ Requires annual goal (below) Comments:			
Consistently meets contract requirements for services provided.	Meets or exceeds expectations Needs improvement Requires annual goal (below) Comments:	 Meets or exceeds expectations Needs improvement Requires annual goal (below) Comments: 		
If Providing an Evidence-Based Serv	vice Model:			
Performance Measure	Employee Evaluation	Supervisor Evaluation		
Demonstrates model fidelity. If applicable, consider data from the program consultant or other QA process in answering this question.	Meets or exceeds expectations Needs improvement Requires annual goal (below) Not applicable Comments:	 Meets or exceeds expectations Needs improvement Requires annual goal (below) Not applicable Comments: 		
Participates fully in required quality assurance activities.	Meets or exceeds expectations Needs improvement Requires annual goal (below) Not applicable Comments:	Meets or exceeds expectations Needs improvement Requires annual goal (below) Not applicable Comments:		
Employee Overall Comments Include Strengths. Accomplishments, and Areas for Growth				
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Supervisor Overall Comments Include Strengths. Accomplishments, and Areas for Growth				



Annual Goals

At least one of the employee's goals should be identified by the employee for professional growth.

Goal	Resources / Support Required	Desired Outcome	Time Frame

Signatures My supervisor and I have jointly discussed this Annual Evaluation and Annual Goals. I understand that my signature indicates this evaluation has been discussed with me – it does not necessarily indicate my agreement with the content of the evaluation.				
The above-mentioned employee and I h	nave met and	discussed this Annual Evaluation and Annual Goals.		
Supervisor Signature	Date			
I have reviewed this employee's Annual Performance Evaluation and Annual Goals.				
Associate or Assistant Director Signature	Date			