

# MONTANA MENTAL HEALTH NURSING CARE CENTER EMPLOYEE PERFORMANCE EVALUATION

**Name:**

**Title:**

**Evaluation Period:**      **to:**

**Date Appraisal Conducted:**

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RATE EACH CATEGORY SEPARATELY - May include supporting comment and/or demonstrated example to support each rating given.

**JOB KNOWLEDGE & COMPREHENSION:** Understands and is knowledgeable of duties, methods, and procedures required by the job.

**Satisfactory:**

**Needs Improvement:**

**WORK QUALITY:** Completes work assignments thoroughly and Completely in an accurate, prompt, and neat manner.

**Satisfactory:**

**Needs Improvement:**

**CONTRIBUTION TO WORKPLACE ENVIRONMENT:**

Demonstrates and promotes cooperation and positive behavior in the Workplace. Takes accountability for job responsibilities. Promotes and Supports the organization and its residents.

**Satisfactory:**

**Needs Improvement:**

**WORK RELATIONSHIPS:** Gets along well with co-workers and residents. Treats everyone with courtesy and respect. Willingly accepts supervision. Follows up promptly on requests, complaints, and concerns. Responds appropriately in confrontational situations.

**Satisfactory:**

**Needs Improvement:**

**INITIATIVE/PROBLEM SOLVING/DECISION MAKING:**

Performs with minimal supervision, acts promptly, seeks solutions to resolve unexpected problems that arise on the job , and makes practical routine decisions. Appropriately seeks supervisor guidance.

**Satisfactory:**   
**Needs Improvement:**

**SAFETY:** Notifies supervisor of potential and actual safety issues. Prevents and takes corrective action for physical safety, sanitation, And infection control within work area. Considers safety of self and Others while working.

**Satisfactory:**   
**Needs Improvement:**

**ATTENDANCE & PUNCTUALITY:** Dependable, arrives to work on time, reports on all scheduled days, and adheres to break and meal schedules. Reports off and on and requests leave according to facility policy and service level expectations.

**Satisfactory:**   
**Needs Improvement:**

**CONTINUING EDUCATION:** Employee has completed the Minimum required number of continuing education hours and actively And willingly participates in training activities.

**Yes:**   
**No:**

My signature below indicates that I am aware of the duties and responsibilities of my position and that I have had an opportunity to review and comment on this evaluation.

Employee Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Supervisor's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Reviewer's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

You have the right to submit a written rebuttal to this evaluation within 10 working days. This document will be filed in your personnel record.

*Note: Employees may respond to the evaluation by completing the following page. The signature above does not necessarily indicate agreement with the evaluation outcome.*

## EMPLOYEE REVIEW - OPTIONAL

How well does your position satisfy your personal/professional goals:

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What would you like to see changed/improved?

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What training, career or future job opportunities are of interest to you?

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Please summarize your thoughts/feelings about your employment with MMHNCC.

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Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Reviewer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_