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# STAFF DEVELOPMENT AND PERFORMANCE REVIEW

**Staff in grade 2**

**Manager / supervisor review**

**This is to help you prepare for your review meeting by thinking carefully about how your member of staff has done in their job in the past year. Tick the box that you feel best describes how they have done, with any additional comments you wish to make. When you have finished the form, share it with your member of staff either before or during the meeting, whichever you feel will be of most benefit.**

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| --- | --- |
| Reviewee name: | Reviewee job title: |
| Reviewer name: | Reviewer job title: |
| Date of review meeting: |

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| **Explanation of terms** |
| **Excellent:**  you always achieve a higher standard than is expected of you in your job role. |
| **Good:** you frequently achieve a higher standard than is expected of you in your job role. |
| **Satisfactory:** you always achieve the standard that is expected of you in your job role. |
| **Needs improvement:** you achieve some but not all of the standards that are expected of you in your job role. |
|  |  |  |  |  |  | Comment(s) |
| **1** | **How successful have they been in carrying out their duties and workload over the past year?** | *Excellent* | *Good* | *Satisfactory* | *Needs improvement* |  |
| **2** | **How well have they followed general instructions and procedures?** | *Excellent* | *Good* | *Satisfactory* | *Needs improvement* |  |
| **3** | How well have they demonstrated their understanding of Health and Safety procedures? **b. How effective have they been in following Health and Safety procedures in your work?** | *Excellent**Excellent* | *Good**Good* | *Satisfactory**Satisfactory* | *Needs improvement**Needs improvement* |  |
| **4** | **How well have they learnt new tasks?** | *Excellent* | Good | *Satisfactory* | *Needs improvement* |  |
| **5** | **How would you rate their..…**personal presentation? *(e.g. uniform or work clothes are clean & tidy)*punctuality and timekeeping? *(e.g. arriving on time for work or rota)*attendance at work? | *Excellent**Excellent**Excellent* | *Good**Good**Good* | *Satisfactory**Satisfactory**Satisfactory* | *Needs improvement**Needs improvement**Needs improvement* |  |
| **7** | **How would you describe the service they give to your customers?** *(e.g. students, staff, visitors)* | *Excellent* | *Good* | *Satisfactory* | *Needs improvement* |  |
| **8** | **How well have you observed them working with other members of their team?** *(e.g. communicating with them, helping them achieve their work)* | *Excellent* | *Good* | Satisfactory | *Needs improvement* |  |

Signed: ……………………………………. (Reviewer) Date:…………………………….

When you have finished the form, share it with your member of staff either before or during the meeting, whichever you feel will be of most benefit.