

# Health Officer Evaluation Template

## Performance Appraisal

Name:

Position:

Job Description/Responsibilities

Date:

Probationary:

Annual:

Other:

### *Performance Factors and Standards*

	Below Expectations	Meets Expectations	Exceeds Expectations
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#### **MAINTAINS FLEXIBILITY**

Willingly accepts a variety of responsibilities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adapts to new situations in a positive manner.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Displays openness to learning and applying new skills.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Works well with others to achieve organization's goals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is resourceful and generally seeks work process improvements.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Works well as a team player.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Board of Health Comments:**

#### **CUSTOMER SERVICE**

Treats all customers with respect.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Responds to customer needs within agreed time frame.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Addresses conflicts and problem situations with patience and tact.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Board of Health Comments:**

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**AVAILABILITY FOR WORK**

- |   |                          |                          |                          |
|---|--------------------------|--------------------------|--------------------------|
| Employee's attendance supports the expected level of work.    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Employee's presence can be relied upon for planning purposes. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Employee is a dependable team member.                         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**Board of Health Comments:**

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**DEMONSTRATES CREDIBILITY**

- |   |                          |                          |                          |
|---|--------------------------|--------------------------|--------------------------|
| Shares information with others when appropriate.                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Acts independently while keeping board of health informed.          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Performs work according to current guidelines and directives.       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Maintains personal appearance appropriate to job.                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Exhibits ability to secure and evaluate facts before taking action. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**Board of Health Comments:**

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***Performance Factors and Standards***

	Below Expectations	Meets Expectations	Exceeds Expectations
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**QUANTITY OF WORK**

- |   |                          |                          |                          |
|---|--------------------------|--------------------------|--------------------------|
| Work output matches the expectations established. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Employee completes all assignments.               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Employee consistently meets deadlines.            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**Board of Health Comments:**

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**QUALITY OF WORK**

- |   |                          |                          |                          |
|---|--------------------------|--------------------------|--------------------------|
| Work results satisfy organization's goals.      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Work is organized and presented professionally. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Work product is thorough and complete.          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Work product is free of flaws and errors.       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**Board of Health Comments:**

**LEADERSHIP**

Provides clear direction and purpose.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Models ethical workplace behavior.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Demonstrates influencing skills by setting goals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Empowers subordinates to achieve objectives.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Acts to motivate, coach, and develop subordinates.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Board of Health Comments:****MANAGEMENT**

Organizes and distributes work among subordinates.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Secures resources and audits their effective use.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communicates behavioral expectations and performance standards.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Monitors, documents, and evaluates employee conduct & performance.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provides appropriate and timely feedback.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Board of Health Comments:*****Performance Factors and Standards***

Below Expectations	Meets Expectations	Exceeds Expectations
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**WORK ENVIRONMENT**

Maintains a safe and healthy workplace.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Builds a team that reflects high morale, clear focus & group identity.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Encourages and provides opportunities for subordinates to obtain and apply new skills and knowledge.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provides equal opportunity and protects the rights of all employees.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Board of Health Comments:****OVERALL PERFORMANCE**

Below Expectations	Meets Expectations	Exceeds Expectations
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Next Evaluation  
Period

Annual

6 Months

Other

### SUMMARY COMMENTS

**EMPLOYEE'S CERTIFICATION:** I have discussed my performance evaluation with my board of health. My signature does not imply that I agree. Copies of this appraisal may be kept by the employee and board of health and are on file with the Personnel Department. Please return original forms to the Personnel Department.

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Employee Signature

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Board Chair Signature

## Goals and Objectives Review

Name:

Position:

Date:

### RESULTS FROM PREVIOUS GOALS AND OBJECTIVES

1. Goal/Objective:  
Result:

2. Goal/Objective:  
Result:

3. Goal/Objective:  
Result:

4. Goal/Objective:  
Result:

**NEW GOALS AND OBJECTIVES** – Identify a minimum of two new goals for the upcoming performance period. These goals are intended to improve the employee’s skills and abilities. The board of health and employee need to make these goals together. It is understood that a follow up will take place during the next performance evaluation.

Goal #1

Action items/Steps

Measure of Success

Goal #2

Action items/Steps

Measure of Success

Goal #3

Action items/Steps

Measure of Success

Goal #4

Action items/Steps

Measure of Success

Employee Signature:

Date:

Board Chair Signature:

Date: