

TECHNICIAN PERFORMANCE PLAN

NAME:	SSN:
Title/Series/Grade	Organization:
Appraisal Period:	

PART I - PERFORMANCE STANDARDS ELEMENTS

(MUST IDENTIFY A MINIMUM OF ONE CRITICAL ELEMENT/ PLEASE CHECK APPROPRIATE BOX(S) AT LEFT)

1. **Work Performance**

- Shows initiative in starting, carrying out, and completing tasks
- Work product is thorough, accurate, and in compliance with guidelines/directives

DOES NOT MEET STANDARDS MEETS STANDARDS EXCEEDS STANDARDS

2. **Job Knowledge**

- Demonstrates technical competence in areas of responsibility
- Renders appropriate and accurate technical advice

DOES NOT MEET STANDARDS MEETS STANDARDS EXCEEDS STANDARDS

3. **Communication**

- Expresses thoughts logically, clearly and accurately in verbal and written communications
- Open and approachable in resolving problems or conflicts

DOES NOT MEET STANDARDS MEETS STANDARDS EXCEEDS STANDARDS

4. **Judgment**

- Emphasizes logic in decision making
- Recognizes opportunities
- Requires minimal supervision

DOES NOT MEET STANDARDS MEETS STANDARDS EXCEEDS STANDARDS

5. **Working Relationships**

- Develops efficient, effective, and productive partnerships with co-workers
- Supports team initiatives, respects the views of others, and actively supports team decisions.

DOES NOT MEET STANDARDS MEETS STANDARDS EXCEEDS STANDARDS

6.

DOES NOT MEET STANDARDS MEETS STANDARDS EXCEEDS STANDARDS

7.

DOES NOT MEET STANDARDS MEETS STANDARDS EXCEEDS STANDARDS

8.

DOES NOT MEET STANDARDS MEETS STANDARDS EXCEEDS STANDARDS

PART VI – QUARTERLY PROGRESS REVIEW

N – Does Not Meet Standards M – Meets Standards E – Exceeds Standards

1. Work Performance Comments:	N M E <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
2. Job Knowledge Comments:	N M E <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
3. Communication Comments:	N M E <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
4. Judgment Comments:	N M E <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
5. Working Relationships Comments:	N M E <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
6. Comments:	N M E <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
7. Comments:	N M E <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
8. Comments:	N M E <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Date Completed _____

Appraiser Initials _____

PART VIA – TECHNICIAN FEEDBACK

Please answer the questions by checking the appropriate box. Feel free to comment on any subject. Are you provided the appropriate resources and training that you require to perform your job? <input type="checkbox"/> Yes <input type="checkbox"/> No Please comment below.
Are new or special tasks clearly defined? <input type="checkbox"/> Yes <input type="checkbox"/> No Please comment below.
Are you told when you are doing a good job? <input type="checkbox"/> Yes <input type="checkbox"/> No Please comment below.
Are the Unit goals/objectives clearly defined? <input type="checkbox"/> Yes <input type="checkbox"/> No Please comment below.
Additional Comments:

Date Completed _____

Technician Initials _____