

# Employee Performance Review

\_\_\_ ANNUAL REVIEW

\_\_\_ 3 MONTH INTRODUCTORY

Position: Community Health Worker

Supervisor:

Hire Date:

Review Due Date:

Name: \_\_\_\_\_ Date Completed: \_\_\_\_\_

FOR EACH SKILL LISTED, ANSWER QUESTIONS BY CHECKING AN APPROPRIATE BOX AND SCORE.

%	SKILLS	Meets = 2 Points   Exceeds = 4 Points Does Not Meet = 0 Points				COMMENTS
		MEETS	EXCEEDS	DOES NOT MEET	SCORE ( % x Points) 400 Points Possible	
<b>ESSENTIAL JOB SKILLS:</b>						
15	Provides case management services to patients assigned by the primary medical integration team, including: communicating with all parties involved in the patient's treatment; identifying treatment needs and facilitating all necessary referrals; and coordinating collateral meetings with all parties involved in the treatment process; driving patients to and from appointments; performing in-home assessments and visits.					
15	Assists clients, particularly immigrants, in obtaining eligibility entitlements, health benefits, transitional housing and other community services and programs appropriate to the client's needs.					
10	Develops an understanding of available community services and works in conjunction with other professionals, both internally and externally, to promote the clients self esteem, dignity, independence and health maintenance.					
10	Providing ongoing follow-up, basic motivational interviewing and goal setting with patients/families.					
5	Participates in committees, staff meetings, required education activities, mission directives and continuous quality improvement processes.					
10	Accesses Electronic Patient Health Information (EPHI) to view, create or modify information.					
5	Maintains confidentiality in the healthcare environment as mandated by law applicable to all staff.					
30	See staff standards representing 30% of performance.					
<b>Total SCORE Points</b>						

**Integrated Services Manager Comments**

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Integrated Services Manager  
Signature

Date

**Clinical Director Comments**

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Clinical Director  
Signature

Date

**PLEASE LIST MEASURABLE GOALS FOR NEXT YEAR:**

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**Employee Comments**

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Employee Signature

Date

**Copy to:**      ☐ **Employee**      ☐ **Personnel File**