BRICK TOWNSHIP POLICE DEPARTMENT

PERFORMANCE EVALUATION

Member's Last Name	First Name	MI	Badge No.

Assignment	Rank

Supervisor	Badge No.

Dates of Evaluation:	From	To

Evaluation Type: ☐ Annual Review ☐ Probationary Period (ONE YEAR) ☐ Special *(PLEASE COMMENT)

Comments:

RATING INSTRUCTIONS: Rate observed behavior on the scale below utilizing the following guidelines. A specific comment is required for all ratings of 1 and 4.

1 = UNSATISFACTORY

- If the member is not adhering to standards set forth in the SATISFACTORY category, explain deficiencies, remedial actions taken, and action plan for the next evaluation period.

2 = SATISFACTORY

- Meets requirements of job assignments and additional duties. Attitude, commitment, and competence meets expectations. Results maintain status quo.

3 = ABOVE AVERAGE

- Consistently produces quality results while measurably improving unit performance. Habitually makes effective use of time and resources. Positive impact extends beyond assignment expectations.

4 = EXCEPTIONAL

- Results far surpass expectations. Recognizes and exploits new resources; creates opportunities. Emulated; sought after as an expert with influence beyond unit. Impact significant; innovative approaches to problems produce significant gains in quality and efficiency.

Member's Last Name | First Name | MI | Badge No.

1.) Job Performance ☐ 1 ☐ 2 ☐ 3 ☐ 4

- How well the member accomplishes the job. Quality and efficiency of acceptable work. Results will directly correlate to duties of specific assignment.

2.) Job Proficiency ☐ 1 ☐ 2 ☐ 3 ☐ 4

- Demonstrates knowledge and skill in the execution of overall duties. Effectively utilizes training, education, experience, and resources. Understands and applies proper charges or law and ordinances.

3.) Initiative ☐ 1 ☐ 2 ☐ 3 ☐ 4

- Willingness to begin or follow through with a plan or task in the absence of specific direction. Displays creativeness and enthusiasm and transforms opportunity into accomplishment through action.

4.) Judgment/Decision Making ☐ 1 ☐ 2 ☐ 3 ☐ 4

- Provides timely and practical solutions to problems and tasks. Choices reflect training received and are consistent with the goals and policies of or implemented by the department. Anticipation, mental agility, intuition, knowledge, and common sense are important factors.

5.) Interpersonal Relationships ☐ 1 ☐ 2 ☐ 3 ☐ 4

- Proper bearing, attitude and conduct. Effectively interacts with others toward goal accomplishment. Judicious use of command presence. Contributes to a positive workplace attitude. Works with a diverse work force and fosters sensibility within the work group. Strengthens sense of team spirit among all members.

6.) Communications ☐ 1 ☐ 2 ☐ 3 ☐ 4

- Conveys ideas, suggestions, and information clearly whether verbally or in writing. Oral expressions are thoughtful and reflect good judgment. Written/typed reports are timely, accurate, and utilize proper grammar and spelling. Appropriate preparation for formal presentations. Understands and respects the importance of integrity and diplomacy in spoken and written expressions. Understands and utilizes existing information systems within the work unit.

7.) Readiness for Duty ☐ 1 ☐ 2 ☐ 3 ☐ 4

- Appearance, observation of work hours, care of equipment, and safety practices.

8.) Effectiveness Under Stress ☐ 1 ☐ 2 ☐ 3 ☐ 4

- Ability to think, assess, and act in an appropriate and effective manner while under mental and physical pressure and/or duress. Demonstrates flexibility in changing circumstances.

9.) Leadership ☐ 1 ☐ 2 ☐ 3 ☐ 4

- The ability to positively influence the behavior and perceptions of others. Fosters the appropriate workplace value system. Promotes a professional, respectful, and non-discriminatory workplace environment. Provides guidance, assistance, and direction to others.

10.) Compliance With Rules ☐ 1 ☐ 2 ☐ 3 ☐ 4

- Adheres to constitutional requirements, statutes, department rules and regulations, standing operating procedures, department policies, guidelines and administrative codes.

Member's Last Name | First Name | MI | Badge No.

11.) Supervisor's Narrative / Goals for Next Evaluation:

12.) Member's Self-Evaluation / Goals for Next Evaluation Period:

**I certify that this report has been discussed with me. I understand that my signature does not necessarily indicate agreement.*

☐ I wish to discuss this evaluation with the reviewer.

☐ Attachment or addendum sheet attached

Employee was given a copy of this evaluation

Supervisor: _____ Date: _____

Member: _____ Date: _____

Reviewer: _____ Date: _____