

# Performance Evaluation

Name: \_\_\_\_\_ Crew: \_\_\_\_\_ Date: \_\_\_\_\_

How many months has the candidate been collecting OR observing? \_\_\_\_\_

How many shifts has this candidate missed in the passed month? \_\_\_\_\_

For the shifts they missed, did they have an appropriate substitute? Y or N

Has this candidate arrived on time to every shift this past month? Y or N

Did the candidate attend the past month's business meeting? Y or N

If no, were they proactive in obtaining information about the meeting? Y or N

Did the candidate participate in any stand-by or public relations events in the past month? Y or N

Maintains professional behavior with and shows respect for all patients, patient family members, and other fire and rescue personnel. 5 4 3 2 1

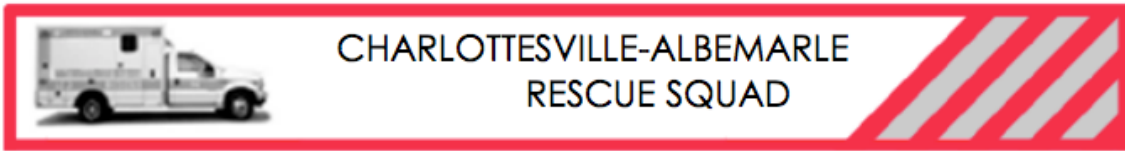
Solicits feedback from preceptors, asks questions, and receives feedback constructively. 5 4 3 2 1

Inspects trucks, assists with crew chores, and helps other crew members without prompting. 5 4 3 2 1

5 – Consistently performs at this level 4 – Frequently performs at this level 3 – Occasionally performs at this level 2 – Seldom performs at this level 1 – No opportunity to observe

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**Identify the Candidate's strengths:**



**Identify areas in which the Candidate needs to improve:**

**Other comments:**

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**Recommendation:**

\_\_\_\_\_ Recommend without reservation

\_\_\_\_\_ Recommend with the following reservations:

\_\_\_\_\_ No recommendation

\_\_\_\_\_ Do not recommend for the following reasons (other than included above):

Signed: \_\_\_\_\_ Printed Name: \_\_\_\_\_

Crew Captain  Preceptor  Other: \_\_\_\_\_

Date: \_\_\_\_\_

**Note:** This evaluation should be discussed between the candidate and the evaluator. Candidate may choose to add comments or improvement initiatives under the “Other comments” sections. This evaluation must be turned into the Membership Box by 1730 the Friday before the first Tuesday of the month.