INDIVIDUAL PERFORMANCE RATING

INSTRUCTIONS: The immediate supervisor will prepare this form for a subordinate person. Rating will be reviewed with the individual who will sign and date the form. The completed rating will be given to the Planning Section Chief before the rater leaves the incident.

1. NAME	2. INCIDENT NAME AND NUMBER — START DATE OF INCIDENT
3. HOME UNIT ADDRESS	4. INCIDENT AGENCY AND ADDRESS

5. POSITION HELD ON INCIDENT	6. TRAINEE POSITION	7. INCIDENT COMPLEXITY	8. DATE OF ASSIGNMENT
	☐ YES ☐ NO	☐ I ☐ II ☐ III	FROM: TO:

9. List the main duties from the Position Checklist, on which the position will be rated. Enter X under the appropriate column indicating the individuals level of performance for each duty listed.	PERFORMANCE LEVEL				
	Did not apply on this incident	Unacceptable	Need to Improve	Fully Successful	Exceeds Successful
		EXPLAIN IN REMARKS			

10. REMARKS

11. THIS RATING HAS BEEN DISCUSSED WITH ME (Signature of individual being rated.)	12. DATE

13. RATED BY (Signature)	14. HOME UNIT	15. POSITION HELD ON THIS INCIDENT	16. DATE

*U.S. GPO: 1991-594-696/40141