

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 <input type="checkbox"/> YES <input type="checkbox"/> NO		7. INCIDENT COMPLEXITY <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III		
		8. DATE OF ASSIGNMENT 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	nacceptable	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		