



2021 Annual 245D Employee Performance Review

Performance reviews must be completed by both the Responsible Party and employee. This review will occur yearly as part of the employee's Annual 245D Training. If the employee is no longer working, please complete the bottom section of this form. **Signatures are required.**

Employee:

Client:

Employee ID #:

Responsible Party:

RESPONSIBLE PARTY (SUPERVISOR) EVALUATION *(Completed by the RP)*

Evaluation of employee's performance:

Concerns or additional training requests:

245D EMPLOYEE SELF-EVALUATION *(Completed by the Employee)*

Typical number of hours per week: _____

Description of typical duties:

Questions/comments regarding job description and/or CSSP Addendum and IAPP:

By signing below, I acknowledge that the Individual Abuse Prevention Plan (IAPP)* and the Coordinated Service and Support Plan (CSSP)/CSSP Addendum have been reviewed.

**if participant is 18 and older*

Responsible Party Signature: _____ Date: _____

Employee Signature: _____ Date: _____

Accra Representative Signature: _____ Date: _____

Employee is no longer working with client and can be removed as an active employee:

Last day of employment: _____

Reason for resignation/termination: