**Appraisal Record**

|  |  |
| --- | --- |
| Name |  |
| Job Role |  |
| Additional responsibilities |  |
| Objectives from the last Appraisal | Achieved | Comments |
|  | YES/NO\* |  |

|  |  |
| --- | --- |
|  | To be completed by the team member **before** the meeting |
|  | To be completed by the line manager **before** the meeting |
|  | To be completed by the line manager **during** the meeting |

**What elements of your roles and responsibilities do you enjoy?**

|  |  |
| --- | --- |
| Give as much detail as you can | Discussion notes |
|  |  |
| Agreed Evaluation |
|  |

**How would you rate your practice in the last year?**

|  |
| --- |
| Outstanding/Good/Requires Improvement\* Circle the answer |

**Please give reasons as to how you chose the rating.**

|  |  |
| --- | --- |
| Give as much detail as you can | Discussion notes |
|  |  |
| Agreed Evaluation |
|  |

**What do you think are your most important achievements in the past year?**

|  |  |
| --- | --- |
| Give as much detail as you can | Discussion notes |
|  |  |
| Agreed Evaluation |
|  |

**What do you find most challenging or difficult in your job?**

|  |  |
| --- | --- |
| Give as much detail as you can | Discussion notes |
|  |  |
| Agreed Evaluation |
|  |

**What do you like and dislike about working for Fizzy Fish?**

|  |  |
| --- | --- |
| Give as much detail as you can | Discussion notes |
|  |  |
| Agreed Evaluation |
|  |

**Where do you see yourself in a years’ time?**

|  |  |
| --- | --- |
| Give as much detail as you can | Discussion notes |
|  |  |
| Agreed Evaluation |
|  |

**What work related training or experiences would you like to benefit from in the next year?**

|  |  |
| --- | --- |
| Give as much detail as you can | Discussion notes |
|  |  |
| Agreed Evaluation |
|  |

**What personal skills or opportunities would you like to experience in the next year?**

|  |  |
| --- | --- |
| Give as much detail as you can | Discussion notes |
|  |  |
| Agreed Evaluation |
|  |

**Does your Line Managers support you?**

|  |
| --- |
| Yes/No\* Delete as appropriate |

**Could they do more to help you?**

|  |  |
| --- | --- |
| Give as much detail as you can | Discussion notes |
|  |  |
| Agreed Evaluation |
|  |

**Are there any other issues you would like to raise? Consider ICT, Delegation and communication skills, Meeting deadlines or commitments, Problem solving and decision making, Team work and developing others, Energy and determination, Working under pressure, Leadership qualities, Working with other professions, Supporting parents, Person appearance and image, Commitment to diversity and equality, Safeguarding and child protection, Valuing others, Mental health and Wellbeing.**

|  |  |
| --- | --- |
| Give as much detail as you can | Line Manager’s comments |
|  |  |
| Agreed Evaluation |
|  |

**To be completed prior to the meeting by the line manager with information from the previous supervision**

**Personal Effectiveness**

**Working within the team**

|  |
| --- |
| Summary |
|  |
| Discussion notes | Action/Evaluation |
|  |  |

**Role modelling and coaching**

|  |
| --- |
| Summary |
|  |
| Discussion notes | Action/Evaluation |
|  |  |

**Record keeping**

|  |
| --- |
| Summary |
|  |
| Discussion notes | Action/Evaluation |
|  |  |

**Understanding and implementing all policies and procedures**

|  |
| --- |
| Summary |
|  |
| Discussion notes | Action/Evaluation |
|  |  |

**Contribution to the setting**

|  |
| --- |
| Summary |
|  |
| Discussion notes | Action/Evaluation |
|  |  |

**Training and Development**

**Your mandatory training is up to date/courses need to be completed\* Delete as appropriate**

|  |  |
| --- | --- |
| Courses to be completed | Deadline |
|  |  |

**Training booked**

|  |  |
| --- | --- |
| Courses details | Date |
|  |  |

**Further training you would like**

|  |  |
| --- | --- |
| Courses details | Action/Evaluation |
|  |  |

**Personal**

**You are given regular opportunities to discuss the following: Your health, Your wellbeing, Work life balance, Issues at work. Do any of these impact your job?**

|  |  |
| --- | --- |
| Discussion notes | Action/Recommendation |
|  |  |

**Admin**

**Sickness to be discussed if at an unacceptable leave**

|  |  |
| --- | --- |
| Discussion notes | Action/Recommendation |
|  |  |

**Time keeping to be discussed if unacceptable**

|  |  |
| --- | --- |
| Discussion notes | Action/Recommendation |
|  |  |

**Refer to the agreed actions/evaluations and prioritise some ‘agreed objectives’.**

**Recommendations – Advise, support and guidance**

|  |  |
| --- | --- |
| Objectives | How they will be achieved |
|  |  |
|  |  |
|  |  |

**Actions – Smart goals to be given in all circumstance except not following policies and proedures, staff code of conduct, the EYFS or their roles and responsibilities.**

**S**pecific: Well-defined, clear and unambiguous
**M**easureable: With specific criteria that measures your progress towards accomplishment of the goals
**A**chievable: Attainable and not impossible to achieve
**R**ealistic: Within reach, realistic and relevant to your job
**T**imely: With a clearly defined timeline, including a start and target date.

|  |  |
| --- | --- |
| Objectives | How they will be achieved |
|  |  |
|  |  |
|  |  |

|  |  |
| --- | --- |
| Employee’s signature |  |
| Date |  |

|  |  |
| --- | --- |
| Line Manager’s name |  |
| Line Manager’s signature |  |
| Date |  |

|  |  |
| --- | --- |
| Director’s name |  |
| Director’ssignature |  |
| Date |  |