|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Southern Area Coordination Center**  1200 Ashwood Parkway, Suite 230  Atlanta, GA 30338  (678)320-3000 | | | | | | | | INSTRUCTIONS: The immediate job supervisor will prepare this form for each subordinate overhead. It will be delivered to the coordinator before the rater leaves the assignment. Rating will be reviewed with the employee who will sign at the bottom. | | | | | | | | | | | | | | | | | | | |
| 1. Name: | | | | | | | | 2. Fire Name and Number(s): | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
| 3. Home Unit (Address): | | | | | | | | 4. Location: | | | | | | | | | | | | | | | | | | | |
| 5. Position Filled: | | 6. Dates of Assignment: | | | | | | 7. Complexity | | | | | | | | 8. Level of Activity | | | | | | | | | | | |
|  | |  | | | | | | SINGLE | | | | MULTIPLE | | | | LIGHT | | | | MODERATE | | | | HEAVY | | |
|  | |  | | | | | |  | | | |  | | | |  | | | |  | | | |  | | |
| 9. Evaluation | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Enter X under appropriate rating number and under proper heading for each category listed. Definition for each rating number follows: | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 0 -  1 -  2 -  3 - | Deficient. Does not meet minimum requirements of the individual element.  DEFICIENCIES MUT BE IDENTIFIED IN REMARKS.  Needs to Improve. Meets some or most of the requirements of the individual element.  IDENTIFY IMPROVEMENT NEEDED IN REMARKS.  Satisfactory. Employee meets all requirements of the individual element.  Superior. Employee consistently exceeds the performance requirements. | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Rating Factors | | | | IARR | | | | | |  | | | | |  | | | | | | |  | | | | | |
|  | | | | 0 | 1 | 2 | 3 | | | 0 | 1 | | 2 | 3 | 0 | | 1 | 2 | | | 3 | 0 | 1 | | 2 | 3 |
| Knowledge of the job | | | |  |  |  |  | | |  |  | |  |  |  | |  |  | | |  |  |  | |  |  |
| Following Procedures | | | |  |  |  |  | | |  |  | |  |  |  | |  |  | | |  |  |  | |  |  |
| Completes Work in a Timely Manner | | | |  |  |  |  | | |  |  | |  |  |  | |  |  | | |  |  |  | |  |  |
| Work Done Properly | | | |  |  |  |  | | |  |  | |  |  |  | |  |  | | |  |  |  | |  |  |
| Attitude | | | |  |  |  |  | | |  |  | |  |  |  | |  |  | | |  |  |  | |  |  |
| Initiative | | | |  |  |  |  | | |  |  | |  |  |  | |  |  | | |  |  |  | |  |  |
| Communications | | | |  |  |  |  | | |  |  | |  |  |  | |  |  | | |  |  |  | |  |  |
| Working with others | | | |  |  |  |  | | |  |  | |  |  |  | |  |  | | |  |  |  | |  |  |
| Other (specify) Versatility w/various Interagency Center functions | | | |  |  |  |  | | |  |  | |  |  |  | |  |  | | |  |  |  | |  |  |
| 1. Remarks: | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11. Dispatcher (Signature) | | | | | | | | | | | | | | | | | | | 12. Date | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |  | | | | | | | | |
| 13. Rated By (Signature) | | | 14. Home Unit | | | | | | 15. Position | | | | | | | | | | 16. Date | | | | | | | | |
|  | | |  | | | | | |  | | | | | | | | | |  | | | | | | | | |

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