

Evaluation Measures

- 1 Not Acceptable Improvement required
- 2 Below Average Improvement necessary
- 3 Average Meets acceptable job requirements
- 4 Above Average Exceeds acceptable requirements
- 5 Exceptional Is consistently outstanding

Please check the appropriate number utilizing the evaluation measures above (1-5) to indicate your evaluation of the employee with respect to each factor listed and indicate in each of the comment sections additional pertinent information.

Ι.	ATT	ITUDE					
	Α.	Agency Mission and Philosophy	1 🗌	2 🗌	3 🗌	4 🗌	5 🗌
	В.	Persons with Disabilities	1 🗌	2 🗌	3 🗌	4 🗌	5 🗌
	C.	The Profession of Rehabilitation Counseling	1 🗌	2 🗌	3 🗌	4 🗌	5 🗌
	D.	Caseload Management	1 🗌	2 🗌	3 🗌	4	5 🗌
	E.	Co-workers and Other Professionals	1 🗌	2 🗌	3 🗌	4 🗌	5 🗌
	F.	Providers of Services	1 🗌	2 🗌	3 🗌	4 🗌	5 🗌
	G.	Acceptance of Supervision	1 🗌	2 🗌	3 🗌	4 🗌	5 🗌

COMMENTS:

II. QUALITY OF WORK

- A. Work is accurate.
- B. Work is complete, orderly, and easily understood.

1 🗌	2 🗌	3 🗌	4	5 🗌
1 🗌	2 🗌	3 🗌	4 🗌	5 🗌



N.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DIVISION OF SERVICES FOR THE BLIND INDEPENDENT LIVING REHABILITATION

INDEPENDENT LIVING REHABILITATION COUNSELOR II EVALUATION

C.	Work meets professional requirements in all respects.	1 🗌	2 🗌	3 🗌	4	5 🗌
D.	Work exceeds minimum requirements.	1 🗌	2 🗌	3 🗌	4	5 🗌
E.	Written and verbal communication is clear, timely, and appropriate.	1 🗌	2 🗌	3 🗌	4 🗌	5 🗌
F.	Work results indicate a good basic understanding of Agency policies and procedures.	1 🗌	2 🗌	3 🗌	4 🗌	5 🗌
G.	Work results demonstrate good judgment and planning.	1 🗌	2 🗌	3 🗌	4 🗌	5 🗌
Н.	Professional actions are in accord with requirements established by Federal Regulations.	1 🗌	2 🗌	3 🗌	4 🗌	5 🗌
I.	Establishes and maintains professional counseling relationship with individuals.	1 🗌	2 🗌	3 🗌	4 🗌	5 🗌
J.	Relates disability to vocational and social adjustment needs.	1 🗌	2 🗌	3 🗌	4 🗌	5 🗌
K.	Develops favorable relationships with community resources.	1 🗌	2 🗌	3 🗌	4 🗌	5 🗌
L.	Has ability to interpret available individual data and relate to individual needs.	1 🗌	2 🗌	3 🗌	4 🗌	5 🗌
M.	Schedules time and travel to allow for maximum work efficiency.	1 🗌	2 🗌	3 🗌	4 🗌	5 🗌
N.	Consistently attains performance goals.	1 🗌	2 🗌	3 🗌	4	5 🗌
0.	Frequency of follow-up contacts is appropriate and adequate.	1 🗌	2 🗌	3 🗌	4 🗌	5 🗌
P.	Makes best possible use of available resources and comparable benefits.	1 🗌	2 🗌	3 🗌	4 🗌	5 🗌

COMMENTS:



N.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DIVISION OF SERVICES FOR THE BLIND INDEPENDENT LIVING REHABILITATION

INDEPENDENT LIVING REHABILITATION COUNSELOR II EVALUATION

III. PERSONAL CHARACTERISTICS

Α.	Displays poise even in trying situations.	1 🗌	2 🗌	3 🗌	4	5 🗌
В.	Is sensitive to the rights and feelings of others.	1 🗌	2 🗌	3 🗌	4 🗌	5 🗌
C.	Has strong interest in the welfare of others.	1 🗌	2 🗌	3 🗌	4 🗌	5 🗌
D.	Is persevering when faced with challenging situations.	1 🗌	2 🗌	3 🗌	4 🗌	5 🗌
E.	Is imaginative and innovative.	1 🗌	2 🗌	3 🗌	4 🗌	5 🗌
F.	Possesses sound judgment and common sense.	1 🗌	2 🗌	3 🗌	4 🗌	5 🗌
G.	Possesses emotional maturity.	1 🗌	2 🗌	3 🗌	4 🗌	5 🗌
H.	Has ability to organize effectively.	1 🗌	2 🗌	3 🗌	4 🗌	5 🗌
I.	Has ability to inspire confidence and self-respect in others.	1 🗌	2 🗌	3 🗌	4 🗌	5 🗌
J.	Has potential for continued growth and development.	1 🗌	2 🗌	3 🗌	4 🗌	5 🗌
K.	Is reliable and dependable.	1 🗌	2 🗌	3 🗌	4 🗌	5 🗌
L.	Demonstrates motivation and enthusiasm.	1 🗌	2 🗌	3 🗌	4	5 🗌
M.	Assumes responsibility for mistakes made without blaming others.	1 🗌	2 🗌	3 🗌	4 🗌	5 🗌
N.	Personal appearance is such that work effectiveness is not diminished.	1 🗌	2 🗌	3 🗌	4 🗌	5 🗌

COMMENTS:

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N.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DIVISION OF SERVICES FOR THE BLIND INDEPENDENT LIVING REHABILITATION

INDEPENDENT LIVING
REHABILITATION
COUNSELOR II EVALUATION

2 3 4 5

2 3 4 5

4

5

3

1

1

1

2

IV. GENERAL

A.	Develops and shares with others new ideas for
А.	improving Agency performance.

- B. Has good understanding of community human service organizations and facilities.
- C. Conducts public relations activities which reflect favorably on the Agency and its consumers.

COMMENTS:

Name of Employee:	has received a
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satisfactory, unsatisfactory employee evaluation.

Area Vocational Rehabilitation Supervisor Signature

Office Address

Date

Original: Chief, Vocational Rehabilitation Field Services

Copy: Area Vocational Rehabilitation Supervisor's employee file