

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 before the rater leaves the incident.			
1. NAME:		2. INCIDENT NAME AND NUMBER		START DATE OF INCIDENT	
3. HOME UNIT ADDRESS		3. INCIDENT AGENCY AND ADDRESS			
4. POSITION HELD ON INCIDENT	5. TRAINEE POSITION	6. INCIDENT COMPLEXITY	7. DATE OF ASSIGNMENT		
SCKN	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> Complex <input type="checkbox"/> III	From/To:		
8. 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	Unacceptable	Need to Improve	Fully Successful
Become competent in basic skills, take initiative, learn from others, ask questions, develop communication skills (1)					
Ensure individual readiness (2)					
Obtain briefing from Resource Unit or PSC (5)					
Continually gather critical incident information (6)					
Coordinate with other functional units					
Set up Check-in station					
Post signs so arriving resources can easily find the check-in locations					
Welcome and orient resources to the incident (9)					
Collect & document resource information accurately (11-12)					
Follow established chain of command for collecting, producing, and distributing information (13)					
Complete all administrative tasks in a timely manner (15)					
Transition Check-in responsibilities to incoming Team (18)					
9. 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