

<b>Individual Performance Rating</b>		<i>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 Chief before the rater leaves the incident.</i>	
1. NAME		2. INCIDENT NAME & NUMBER START DATE OF INCIDENT	
3. HOME UNIT ADDRESS		4. INCIDENT AGENCY & ADDRESS	
5. POSITION HELD ON INCIDENT <b>Resource Unit Leader</b>	6. TRAINEE POSITION <input type="checkbox"/> YES <input type="checkbox"/> NO	7. INCIDENT COMPLEXITY <input type="checkbox"/> Complex <input type="checkbox"/> III	8. DATES OF ASSIGNMENT

9. 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	Did not apply on this incident	NOT Acceptable	Need to Improve	Fully Successful	Exceeds Successful
Gather and verify information on resource status (5)					
Order and track incoming resources (6)					
Maintain a resource status system (7)					
Prepare and manage the IAP (8)					
Provide current information to SITL (9)					
Assist with Demob (10)					
Maintain continuity of daily operations with other sections/units (12)					
Monitor length of assignment for resources (16)					
File required documents as appropriate (18)					
Prepare for transition (19)					
Plan for demobilization (20)					
10. 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		