



University Behavioral
Health Care

COMPETENCY-BASED JOB DESCRIPTION / PERFORMANCE APPRAISAL FORM
For University Behavioral Health Care Positions

NAME:	UNIVERSITY ID:
TITLE:	
UNIT/SCHOOL: Rutgers University Behavioral Health Care	DEPARTMENT:
TYPE OF APPRAISAL: <input type="checkbox"/> PROBATIONARY <input type="checkbox"/> ANNUAL <input type="checkbox"/> REAPPRAISAL	EVALUATION PERIOD: FROM: _____ TO: _____ Month/Year Month/Year

MISSION STATEMENT:

University Behavioral Health Care is dedicated to excellence in providing behavioral health services to the people of New Jersey. We are committed to being a leader in the delivery of effective, compassionate, and accessible care that is informed by research and education.

Job Title:

Department:

Division/Section:

Operating Unit:

Reports To:

Approved By: _____ **Approved Date:** _____

JOB DESCRIPTION SUMMARY:

<input checked="" type="checkbox"/> Age of Patient Population Served	<input checked="" type="checkbox"/> Population	Validation Method*
<input type="checkbox"/> Pediatric (3 - 12 yrs)	<input type="checkbox"/> Psychiatric	O = Observation
<input type="checkbox"/> Adolescent (13 – 17 yrs)	<input type="checkbox"/> Addictions	D = Demonstration
<input type="checkbox"/> Young Adult (18-21)	<input type="checkbox"/> MICA	R = Record Review
<input type="checkbox"/> Adult (18 – 64 yrs)	<input type="checkbox"/> Developmentally Disabled	S = Supervision
<input type="checkbox"/> Older Adult (65 yrs & older)	<input type="checkbox"/> All Populations	
<input type="checkbox"/> Nonage Specific Task (N/A)		*Will vary for each job duty

SECTION # 1 - ESSENTIAL JOB DUTIES AND RESPONSIBILITIES

Check the box that corresponds to the validation method and your assessment of the actual performance for each job duty using the Job Specific Performance Rating Guidelines below.

JOB SPECIFIC PERFORMANCE RATING GUIDELINES:

Exceptional This rating is reserved for those who consistently excel in their job performance. It indicates that performance is well beyond that which can be expected from most staff members.

Competent This rating is used for staff members who perform their jobs well and are fully competent. It indicates that performance meets and may exceed expectations.

Needs Improvement This rating is used when performance falls below an acceptable level. It indicates that the staff member is not performing as expected and that improvement is necessary.

ESSENTIAL JOB DUTIES AND RESPONSIBILITIES

Essential Duty 1:

Validation Method: O D R S Rating: Exceptional Competent Needs Improvement

NOTES:

Essential Duty 2:

Validation Method: O D R S Rating: Exceptional Competent Needs Improvement

NOTES:

Essential Duty 3:

Validation Method: O D R S Rating: Exceptional Competent Needs Improvement

NOTES:

Essential Duty 4:

Validation Method: O D R S Rating: Exceptional Competent Needs Improvement

NOTES:

Essential Duty 5:

Validation Method: O D R S Rating: Exceptional Competent Needs Improvement

NOTES:

Essential Duty 6:
Validation Method: <input type="checkbox"/> O <input type="checkbox"/> D <input type="checkbox"/> R <input type="checkbox"/> S Rating: <input type="checkbox"/> Exceptional <input type="checkbox"/> Competent <input type="checkbox"/> Needs Improvement
NOTES:

Essential Duty 7:
Validation Method: <input type="checkbox"/> O <input type="checkbox"/> D <input type="checkbox"/> R <input type="checkbox"/> S Rating: <input type="checkbox"/> Exceptional <input type="checkbox"/> Competent <input type="checkbox"/> Needs Improvement
NOTES:

Essential Duty 8:
Validation Method: <input type="checkbox"/> O <input type="checkbox"/> D <input type="checkbox"/> R <input type="checkbox"/> S Rating: <input type="checkbox"/> Exceptional <input type="checkbox"/> Competent <input type="checkbox"/> Needs Improvement
NOTES:

Essential Duty 9:
Validation Method: <input type="checkbox"/> O <input type="checkbox"/> D <input type="checkbox"/> R <input type="checkbox"/> S Rating: <input type="checkbox"/> Exceptional <input type="checkbox"/> Competent <input type="checkbox"/> Needs Improvement
NOTES:

Essential Duty 10:
Validation Method: <input type="checkbox"/> O <input type="checkbox"/> D <input type="checkbox"/> R <input type="checkbox"/> S Rating: <input type="checkbox"/> Exceptional <input type="checkbox"/> Competent <input type="checkbox"/> Needs Improvement
NOTES:

Essential Duty 11:
Validation Method: <input type="checkbox"/> O <input type="checkbox"/> D <input type="checkbox"/> R <input type="checkbox"/> S Rating: <input type="checkbox"/> Exceptional <input type="checkbox"/> Competent <input type="checkbox"/> Needs Improvement
NOTES:

Essential Duty 12:
Validation Method: <input type="checkbox"/> O <input type="checkbox"/> D <input type="checkbox"/> R <input type="checkbox"/> S Rating: <input type="checkbox"/> Exceptional <input type="checkbox"/> Competent <input type="checkbox"/> Needs Improvement
NOTES:

Corporate Compliance Responsibilities: Understands and adheres to the University's compliance standards as they appear in the University's Corporate Compliance Policy, Code of Conduct and Conflict of Interest Policy. Keeps abreast of all pertinent federal, state and University regulations, laws, and policies as they presently exist and as they change or are modified. Ensures that the staff are trained and evaluated on their knowledge of and adherence to compliance policies and procedures specific to their jobs.

Rating: Exceptional Competent Needs Improvement

JOB REQUIREMENTS:

Credential Required:

Primary Source Verification:

ADA Physical Demands:

ADA Work Environment Conditions:

SECTION # 2 – UNIVERSITY / ORGANIZATION STANDARDS AND EXPECTATIONS

Following are the competencies and corresponding performance standards for all employees in the University and Health care Organization or Unit. Indicate how the employee performed each of the standards by checking the appropriate boxes.

A. Maintains a level of attendance and punctuality necessary to meet the responsibilities for the job.

Rating: Yes No

B. Understands and demonstrates the organizational and departmental service standards; treats patients, families, visitors and fellow employees with dignity, compassion and respect at all times.

Rating: Yes No

C. Considers and incorporates the culture-specific needs of others in order to work with customers from a variety of racial, ethnic, multi-generational, and socioeconomic backgrounds.

Rating: Yes No

D. Maintains a professional image in keeping with the job's responsibilities; wears proper identification while on duty.

Rating: Yes No

E. Completes all required University, organizational and department-specific education and training and can describe how the information relates to specific job responsibilities.

Rating: Yes No

F. Demonstrates work habits that contribute to a safe environment for patients, families, visitors and employees.

Rating: Yes No

G. Conserves University resources through the proper utilization of staff, materials and equipment.

Rating: Yes No

H. Understands and adheres to the University's compliance standards as they appear in the University's Corporate Compliance Policy, Code of Conduct and Conflict of Interest Policy; adheres to all regulatory standards.

Rating: Yes No

I. Protects the confidentiality of all University, organization and patient information.

Rating: Yes No

J. Complies with all University policies and requirements concerning infectious disease prevention and control, including tuberculosis and hepatitis B.

Rating: Yes No

SECTION # 3 – PERFORMANCE STRENGTHS AND ACCOMPLISHMENTS

Discuss the performance strengths and accomplishments of this staff member during the evaluation period.

SECTION # 4 – ASSESSMENT OF GOALS

Discuss the extent to which the staff member met established goals for this evaluation period.

Goal	Outcome

SECTION # 5 – GOAL SETTING

Identify any performance or project goals that you and the staff member have set for the coming year.

Goal	Objective/Action Steps	Date

SECTION # 6 – PROFESSIONAL DEVELOPMENT PLAN

Identify developmental needs for this individual. This section should include plans to 1) *improve performance in the current job* if needed, and / or 2) to *enrich skills and knowledge for career development*. Include how you can assist with the performance improvement plan, target dates if applicable and any training recommendations and job-related activities that will provide opportunities for growth.

Areas for Development	Action Steps	Target Date	Comments

OVERALL RATING GUIDELINES:

- 5 This staff member has made significant contributions to advance the position of the department and / or University toward excellence and prominence. *Only a small percentage of staff members who exhibit uniform excellence and initiative will receive this rating.*
- 4 This staff member has been instrumental to the department's success and has performed in an exemplary manner.
Performance frequently exceeds expectations.
- 3 This staff member is proficient. Performance is what is expected of a fully qualified and experienced person.
- 2 This staff member occasionally fails to exhibit proficiency. Improvement is necessary to meet the expectations for acceptable performance.
- 1 This staff member has serious deficiencies in key areas. Performance fails to meet expectations and is not acceptable.

EVALUATION SUMMARY:

Review all of your ratings. Enter the number from the Overall Rating Guidelines that best represents your overall rating of this member's performance during the evaluation period.

OVERALL RATING:

PROBATIONARY EMPLOYEES:

- Employee has successfully completed probation (*Overall ratings 3 and above*)
- Employee has not successfully completed probation (*Explain Below*)
- Employee's probation period is being extended (*Explain Below*)

/ /
mm / dd / yy

Comments:

STAFF MEMBER:

Discuss your thoughts on this evaluation.

Evaluator's Name _____ Signature _____ Date: _____

Next level
Manager's Name: _____ Signature _____ Date: _____

Staff Member's
Signature: _____ Date: _____

Note: Staff member's signature indicates the appraisal was discussed. It does not necessarily denote agreement.