**Annual Reviews for Second Year or Long-Standing Employees AASL Company Procedure**

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Annual reviews are an integral part of your role here as an employee. This provides an opportunity for growth and reflection. It also serves as a time for you to be reminded of how you are appreciated here at AASL!

# Annual Reviews – Year 2 and Beyond Employees

1. Your CM will initiate your annual review. Once contacted, you are responsible for completing the rating scale, and scheduling time with your CM to ensure the observations necessary are completed.
2. You will meet with your assigned clinic manager, unless otherwise specified, to perform or demonstrate knowledge of the following skills (see attached rating scale) at least 30 days prior to your annual review date.
3. You are also are to identify one team member you would like for your peer review no later than one business day after you are notified by your CM. This will provide ample time for the peer to complete the review prior to your meeting. This may be anyone in any department, however be mindful of making appropriate choices (i.e., if you don’t treat in the same office as someone, don’t choose them as a reviewer). Please Note: Peer review feedback is anonymous to the team member who is receiving their annual review except to the CM and Executive Council.
4. You will have one peer reviewer of your choice, your CM will choose an additional reviewer, and your CM will have feedback as well. The CM will notify reviewers via email and provide necessary forms and a date for completion.
5. Once submitted, the CM will compile this feedback (Areas of Strength, Areas to Improve).
6. You will meet with your CM for your annual review year 2 and onward unless meeting with the Executive Council is otherwise specified or requested.
7. After your review meeting, you are responsible for completing annual goals and submitting to CM (form below) no more than one week following your meeting.
8. The finalized/consolidated summary form/ notes will be given to you upon submission of your annual goals.

# Rating Scale

Both you and your CM will complete the following rating scale.

**E** - Exceeded Requirements**M** - Meets Requirements   **N** - Needs improvement             **O** - Other (If **other** please explain why)

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| **DOCUMENTATION/TREATMENT** | | | | | |
| **Skill** | **E** | **M** | **N** | **O** | **Comments** |
| Your clinical manager will observe you in the following areas before your scheduled reviews: | | | | | |
| * Five (5) Client Greetings and Wrap-Ups |  |  |  |  |  |
| * Five (5) Treatment Sessions |  |  |  |  |  |
| * One to Two (1-2) Evaluation Sessions |  |  |  |  |  |
| * Two (2) Progress Notes |  |  |  |  |  |
| * Ten (10) Daily Notes |  |  |  |  |  |
| * Two (2) Evaluation Reports |  |  |  |  |  |

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| **COMMUNICATION** | | | | | |
| **Skill** | **E** | **M** | **N** | **O** | **Comments**  (Mandatory: please provide examples of why you chose the selected rating below) |
| Your clinic manager will observe you in the following areas before your scheduled reviews: | | | | | |
| Communication with Management |  |  |  |  |  |
| Communication with Marketing |  |  |  |  |  |
| Communication with Front Desk |  |  |  |  |  |
| Communication with Patient Scheduling |  |  |  |  |  |
| Communication with Team/overall conduct |  |  |  |  |  |

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| **PRODUCTIVITY** | | | | | |
| **Skill** | **E** | **M** | **N** | **O** | **Comments**  (Mandatory: please provide examples of why you chose the selected rating below) |
| Meeting of Productivity Requirements \*\*In the comment sections please add your average billable hours, cancellation, and advance schedule |  |  |  |  |  |
| Utilization of weekly tracking to guide my roles and responsibilities |  |  |  |  |  |
| Management/adherence to documentation deadlines |  |  |  |  |  |
| Utilization of down time and front desk to recoup client cancels |  |  |  |  |  |
| Communication with Team/overall conduct |  |  |  |  |  |

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| **COMPLIANCE** | | | | | |
| **Skill** | **E** | **M** | **N** | **O** | **Comments**  (Mandatory: please provide examples of why you chose the selected rating below) |
| Adherence to policies and procedures |  |  |  |  |  |
| Preparedness for weekly manager meeting |  |  |  |  |  |
| Independence and timeliness in scheduling re-evaluations |  |  |  |  |  |
| Maintenance of personal/shared work-spaces and office cleanliness |  |  |  |  |  |

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| **COMPANY INVOLVEMENT** | | | | | |
| **Skill** | **E** | **M** | **N** | **O** | **Comments**  (Mandatory: please provide examples of why you chose the selected rating below) |
| Incorporation of AASL Mission, vision, and core values into respective role |  |  |  |  |  |
| Contribution to internal referrals, friend and family referrals, and internet referrals |  |  |  |  |  |
| Participation in company incentives and events |  |  |  |  |  |

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| **PROFESSIONAL DEVELOPMENT** | | | | | |
| **Skill** | **E** | **M** | **N** | **O** | **Comments**  (Mandatory: please provide examples of why you chose the selected rating below) |
| Completion of Annual Goals \*\*Please elaborate in the comment section what goals you have not completed and why you did not complete |  |  |  |  |  |
| Trainings/CEUs completed this year if relevant |  |  |  |  |  |

I have reviewed and acknowledged my therapist HAT as a part of the annual review process.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

**In thinking back on this past year professionally, please reflect and share openly in your own words:**

What are your top 3 areas of strength (i.e. areas you feel confident in or skills/aspects of your job that you view as strengths?

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What are your top 3 areas at this time that you feel least confident about or would identify as areas of needed improvement?

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# Division Feedback

How is it going in your daily communication across divisions of the AASL ORG BOARD? Please provide feedback or suggestions for improvement that are problem-solving oriented so that AASL can continue to improve across divisions:

1. Client Services Division

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1. Finance Division

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1. Marketing Division

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1. Clinic Division

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1. Quality Assurance Division

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# Annual Review Goal Sheet

Completion date for the goals below will be at the time of your next annual review.

Criteria for Annual Goals:

* One goal must be related to clinical skill development/CEU or learning opportunities
* One goal must benefit the team (in-service, presentation, creating a material, etc.)
* One personal goal that improves your hat responsibilities/role at AASL

1.

2.

3.

DUE NO MORE THAN ONE WEEK FOLLOWING YOUR MEETING.