

ANNUAL APPRAISAL FORM **(Clinical Supervisor)**

Name of the Employee :

Designation :

Qualification :

**Additional qualification/
Certification** :

Reporting to :

Department :

Date of joining service :

Length of service :

Appraisal Period
1st April to 31st March of next year:

1. Nature of Work

ROUTINE WORK	CLASS	NO. OF HOURS	NO OF STUDENTS
CLINICAL TEACHING	I B.Sc		
	II B.Sc		
	III B.Sc		
	I M.Sc/MASLP		
	II M.Sc/MASLP		
CASE DISCUSSIONS			
CASES SUPERVISED			

STUDENT SUPERVISION SKILLS

Rating - Excellent = 4, Above average = 3, Average = 2, Poor = 1

		SELF RATING	HOD
KNOWLEDGE	1. Knowledge of various Speech, Language, Swallowing, Hearing and Balance disorders.		
	2. Familiarity with test materials (national and international)		
	3. Knowledge of Evidence Based Practices		
SKILLS	1. Leadership skills		
	2. Clinical Competency		
	4. Knowledge of various Speech, Language, Swallowing, Hearing and Balance disorders.		
	3. Updating supervisees on Evidence Based Practices		
	4. Material development for educational purposes		
	5. Report evaluation skills		
	6. Evaluating the student's clinical skills		
	7. Clinical teaching skills		
	8. Guiding student interaction with clients		
	9. Assisting supervisee with research forums and case conferences		
10. Assisting the supervisee in selecting the appropriate assessment tool and Management goals			

CLIENT SUPERVISION SKILLS

Rating =Excellent = 4, Above average = 3, Average = 2, Poor = 1

SKILLS		SELF RATING	HOD
	1. Communication		
	2. Demonstrating empathy through active listening		
	3. Client interviews		
	4. Report writing		
	5. Clinical decision making		
	6. Counseling		
	7. Making appropriate referrals to improve team management		
	8. Execution of evidence based practices		
	9. Considering cross cultural and language differences during management of clients		

ADMINISTRATIVE WORK

Please tick if Clinical Supervisor performs the following

1	Maintaining clinical attendance of students	
2	Developing Clinical Practicum Certificate (CPC)	
3	Clinical rating of students	
4	Maintaining Clinical IA (Internal Assessment) and CPC	
5	Maintaining Statistics and Revenue details of the department	
6	Instrument Maintenance /Indent Procedure	
7	Stock Maintenance and Indent procedure	
8	Documentation for Institute purposes. (Meeting Agenda, Minutes of the Meeting, Trust documents, MOU, letters etc.	

DOCUMENT MAINTENANCE SKILLS:

Please tick if Clinical Supervisor performs the following

1. Familiarity with clinical documentation procedures	
2. Documentation for accreditation purposes (NAAC, RCI, LIC ,General, Bangalore North University Documentation)	

SOFT SKILLS

Rating

Excellent = 4, Above average = 3, Average = 2, Poor = 1

Soft Skills	Self rating	HOD
1. Assertiveness		
2. Decision making		
3. Lateral thinking		
4. Problem solving		

3) A brief summary of achievements outside the purview of your routine official duty such as service to the cause of education, community welfare etc may be listed below.

4) Representation & papers if any presented in National and International conference, Committee etc.

5) Participation in organizing seminars, symposiums, workshops etc.

6) Any other additional responsibility apart from regular designated work.

1. Participation in workshops/seminars/webinars(Please mention details)

2. Participation in awareness programs and school screening(Please mention details)

3. Developing materials to build awareness on Speech, Hearing, Balance and Language disorders(Please mention details)

ii) Research :

- a) Related to regular academic duties-

- b) Participation in funded project-
- c) Your contribution to the project –
- d) Actual time spent in funded project both during working hours and outside working hours.
- e) Academic distinction – recognition (during the period of review).

iii) Membership of Professional / Academic Institutions

SUMMARY

Sum up your contribution. Work done during the review period. Include clinical, administrative and any other work (do not exceed more than 300 words). State what you think to be your most significant and purposeful contribution.

Note: Kindly attach an extra sheet, if required.

HOD comments:

DDC comments:

Principal/ DDA comments :

Administrator Comments :

Current salary :
(Increment scale of pay)

Leave applied- Casual Leave :

Earned Leave :

Leave Without Pay :

Maternity Leave :

MCM comments:

SIGNATURE

ANNUAL APPRAISAL FORM
(Teaching Faculty)

Name of the Employee :

Designation :

Qualification :

Additional qualification/
Certification :

Reporting to :

Department :

Date of joining service :

Length of service :

Appraisal Period
1st April to 31st March of next year :

1) Nature of Work

Routine work	Class	No. of hours
Class room teaching	I B.Sc	
	II B.Sc	
	III B.Sc	
	I M.Sc	
	II M.Sc	
Clinical	Demonstration	
	Supervision of Students	No. of students
	Supervision of clients- (Diagnostic)	No. of clients
	Supervision of clients- (Therapy)	No. of clients

Other work (administrative)		
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2) Core Competencies

Rating Scale- 1=Poor , 2= Average, 3= Above Average, 4= Excellent

	Core Competencies	Self Rating (1,2,3, 4, N/A)	Rating of Supervising Authority(1,2,3,4, N/A)
1	Theoretical conceptual knowledge		
2	Practical/clinical skills		
3	Teaching competency		
4	Punctuality		
5	Quality of work		
6	Adherence to Timelines		
7	Communication skills		
8	Team work		
9	Decision making ability		
10	Lateral thinking		

Please list other areas of strength and other areas for improvement:

Area of strength	Area for improvement

3) A brief summary of achievements outside the purview of your routine official duty such as service to the cause of education, community welfare etc may be listed below.

4) Representation & papers if any presented in National and International Conference, Committee etc.

5) Participation in organizing seminars, symposiums, workshops etc

1) At Institute

2) At Local, Regional, National bodies/Association

6) Any other additional responsibility apart from regular designated work.

a) Academic

1. Question Paper setting :	
a) Internal-	
b) External-	
2. Paper evaluation:	
a) Internal	
b) External	
3. Conducting Practical Examination Paper evaluation:	
a) Internal	
b) External	
4.Membership of B.O.E	
a) Internal	
b) External	
5.Membership of B.O. S	
a) Internal	
b) External	

b) Clinical:

c) Administration:

d) Quality enhancement (Personal / Professional)

e) Membership of Committees – Please mention roles/ responsibilities)
(NAAC committee, NSS, Awareness activities, etc.)

ii) Research:

a) Related to regular academic duties:

b) Participation in intramural/ extramural project:

c) Your contribution to the project :

d) Actual time spent on project both during working hours and outside working hours. :

e) Publications:

iii) Membership and official roles in Professional / Academic Institutions

SUMMARY

Sum up your contribution. Work done during the review period. Include clinical, administrative and any other work (do not exceed more than 300 words). State what you think to be your most significant and purposeful contribution.

Note: Kindly attach an extra sheet, if required.

HOD comments:

DDC comments:

Principal/ DDA comments:

Administrator Comments :

**Current salary :
(Increment scale of pay)**

Leave applied CL =
EL =
LWOP =
ML =

MCM comments:

Approval sanctioned for :

Confirmation	
Increment	
Promotion	

SIGNATURE

APPRAISAL FORM

Please fill in the details about yourself:

Name :	Department:
Date of Joining:	Reporting to:
Designation:	During the year:

Appraisal for the period from May to April. The review & feedback to be completed before July. Last date for submission of the Appraisal form would be 30th May.

PERFORMANCE ASSESSMENT

KRA Based Assessment (enclose evidence): (Part 1)

Key Result Areas	Performance during the year (201_ to 201_)	Self Rating Scale 1-4	HOD Rating Scale 1-4
1. Records maintenance a) Purchase records b) AMC's & Repairs c) Employee personal files d) MCM related documents e) Students records			
2. Resource management			
3. Procurement			
4. a) inventory management with periodic audit reports b) Asset management without/less wear & tear			
5. Preventive/safety measures a) asset b) customers		-----	-----
	Total (Part 1)		

Performance Rating Indicator (PRI)

4 = Excellent (Performed absolutely beyond expected level of KRA) (91% & above)

3 = Very Good (Performed above expected level of KRA) (76%- 90%)

2 = Good (Performed as per expected level of KRA) (61% - 75%)

1 = Average (Performed below expected level of KRA) (below 50% - 60%)

0 = Below Average (less than 49%)

Competency Based Assessment: (Part-2 / A)

SI No	Functional Competency	Self Rating Scale 1-4	HOD Rating Scale 1-4
1	Leadership		
2	Analytical Thinking		
3	Problem Solving		
4	Decision Making		
5	Client Focus & Service		
	Total (B) ** Refer CRI as given below		

Competency Based Assessment: (Part-2 / B)

SI No	Behavioral Competency	Self Rating Scale 1-4	HOD Rating Scale 1-4
1	Inter-personal interaction		
2	Communication		
3	Involvement in the Team		
4	Student and or colleague Development		
5	Perseverance at work		
	Total (B) ** Refer CRI as given below		

**Competency Rating Indicator for Competency Based Assessment (CRI)

4 = Excellent (Performed absolutely beyond expected level of KRA) (91% & above)

3 = Very Good (Performed above expected level of KRA) (76%- 90%)

2 = Good (Performed as per expected level of KRA) (61% - 75%)

1 = Average (Performed below expected level of KRA) (below 50% - 60%)

0 = Below Average (less than 49%)

Personal Development Plan: Training Needs (Part –3)

Name of the Training Program	Tick Mark (Self)	Specify for Functional Training	Remarks by HOD
<u>Attitude Based:</u> Assertiveness Skill Personality Development Lateral Thinking Interpersonal Skill Team Work			
<u>Knowledge (Functional)</u> Pertaining to your job profile			
<u>Skills</u> Clinical skills Research skills Communication Skills Leadership skill Time Management			

Performance Summary –Self (Part-4)

Total Score on KRA Assessment Part (1)

Total Score on Competency Assessment Part (2-A)

Total Score on Competency Assessment Part (2-B)

Overall Rating:

Add Part 1 + Part 2-A + Part 2- B listed above and take the

average percentage. Fill the result in the provided space

Assessee's Comments:

State your perception of your overall performance during this review cycle. Include accomplishment not identified anywhere in the form and describe performance areas you would like to develop.

Signature	Date :

Performance Summary – HOD (Part-5)

Assessor Comments & part wise recommendations: (HOD)

Signature:	Date:

Reviewers Comments & part wise recommendations: (Director Technical)

Signature:	Date:

Report

Report on action taken on recommendation of the previous year. (Chairman, Director & MCM members)

Signature:	Date: