

A - Development Discussion Checklist

| | |
|-------------------------|--------------------|
| Employee: _____ | |
| Job Title: _____ | |
| Division: _____ | Date: _____ |

Health PEI's Vision
One Island health system supporting improved health for Islanders.

Values
CARING
We treat everyone with compassion, respect, fairness, and dignity.

INTEGRITY
We collaborate in an environment of trust, communicate with openness and honesty, and are accountable through responsible decision-making.

EXCELLENCE
We pursue continuous quality improvement through innovation, integration, and the adoption of evidence-based practices.

***This form is to document that the following topics have been discussed.
Supporting documentation should be retained by the supervisor.***

| Agenda | Check off When Done |
|--|--------------------------|
| <ul style="list-style-type: none"> ■ Discuss employee's performance on primary responsibilities/priorities in the past appraisal period. (A job description/work plan should have been previously provided to the employee, if requested.) <ul style="list-style-type: none"> • Revise job description/work plan for the coming year, as needed. (If revised, provide updated copy to the employee upon request.) • Discuss how they relate to overall unit objective. | <input type="checkbox"/> |
| ■ Discuss employee's strengths/areas for growth in critical performance factors. | <input type="checkbox"/> |
| ■ Discuss barriers to effective work performance and job satisfaction. | <input type="checkbox"/> |
| ■ Discuss possible work process improvements. | <input type="checkbox"/> |
| ■ Discuss employee's development (over past year; future needs for current job; long-term career goals and development needs to achieve them). | <input type="checkbox"/> |
| ■ Discuss employee's feedback/constructive suggestions for supervisor. | <input type="checkbox"/> |
| ■ Discuss anything else the employee or supervisor would like to address. | <input type="checkbox"/> |

Supervisor's Comments: _____

Employee's Comments: _____

Employee meets or exceeds current expectations: Yes No (If no, complete a PIP and attach.)

These topics have been discussed by:

Employee Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

Provide a copy to employee, a copy to the supervisor, and send original to Human Resources for personnel file.