

**OREGON STATE FIRE MARSHAL
OVERHEAD PERSONNEL
PERFORMANCE EVALUATION**

INSTRUCTIONS: The immediate supervisor shall complete this form for each subordinate. This evaluation shall be reviewed with the subordinate, who will acknowledge such by signing at the bottom of the form. The supervisor shall deliver this form to the planning section before leaving the incident.

*****THESE RATINGS ARE TO BE USED ONLY FOR DETERMINING THE PERFORMANCE OF AN OVERHEAD TEAM MEMBER*****

1. Name (subordinate)	4. Fire Name
2. Home Unit (address)	5. Location of Fire (complete address or nearest town)
3. Overhead Team Position	6. Date of Assignment From: _____ To: _____

SFM Overhead Performance Evaluation

Rating Factors Place an "X" in the box that best describes the performance of the subordinate. * Deficiencies and areas for improvement must be explained in remarks	Excellent	Above Average	Satisfactory	Needs Improvement	Unacceptable	Not Observed	Positive performance / general comments (attach additional sheets as needed)
	7. Management Skills (Overall Rating)						
Professional approach to the job							
Decisions under stress							
Initiative							
Consideration for personnel welfare							
Attends all required meetings							
Physical ability for the job							
Safety considerations							
Other (specify)							
8. Leadership Skills (Overall Rating)							
Ability to obtain performance							
Coaches and mentors subordinates							
Assumes and maintains leadership role							
Other (specify)							
9. Communication (Overall Rating)							
Attitude							
Effective communication skills (oral & written)							
Other (specify)							
10. Technical Ability (Overall Rating)							
Knowledge of the job							
Obtain necessary equipment and supplies							
Follows SFM procedures							
Other (specify)							

By signing below, the subordinate acknowledges reviewing the contents / comments on this form.

11. Subordinate Evaluated (signature)	12. Subordinate Evaluated (print name)	13. Date
14. Evaluated By (signature)	15. Evaluated By (print name)	16. ICS Position
		17. Date