

Section A: Member Being Evaluated

Section B: Evaluator:

9. Name:	10. Rank:
11. District/Bureau/Unit:	

**Cleveland Division of Police
Performance Evaluation Form
Sergeant/Lieutenant Evaluation**

Section C: Performance Areas

Performance Rating Guide: (See manual for descriptions of listed Performance Areas.)

Not Applicable: Refers to performance that could not be observed or does not apply to the position.

Unsatisfactory: Did not meet the expectation and requirements of the competency.

Needs Improvement: Some responsibilities were performed capably; however, improvement is needed.

Meets Expectations: Performance consistently met expectations and requirements of the competency. Occasionally achieved results beyond those expected. Contributions regularly align with Departmental and unit goals.

Exceeds Expectations: Performance consistently met and frequently exceeded expectations and requirements of the competency. Frequently achieved results beyond those expected. Contributions consistently align with Departmental and unit goals.

Exceptional: Performance continuously and exceptionally exceeded expectations and requirements of the competency. Contributions that go above and beyond supporting Departmental and unit goals.

15. Performance of Duty (See user manual for explanation)

For all Performance Areas, the Evaluator shall provide an explanation, or at least two examples, for the given rating in the spaces provided.	Not Applicable	Unsatisfactory	Improvement Needed	Meets Expectations	Exceeds Expectations	Exceptional
a. Community Policing						
b. De-Escalation and Use of Force						
c. Crisis Management Techniques						
d. Report Writing						

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Performance Duty Continued: For all Performance Areas, the Evaluator shall provide an explanation, or at least two examples, for the given rating in the spaces provided.	Not Applicable	Unsatisfactory	Improvement Needed	Meets Expectations	Exceeds Expectations	Exceptional
e. Communication Skills						
f. Decision-Making Skills						
g. Demonstrated Integrity and Use of ABLE Principles						
h. Demonstrated Commitment to Fair and Impartial Policing						
i. Professional Attire and Equipment Maintenance						

16. Workplace Professionalism (See user manual for explanation)

For all Performance Areas, the Evaluator shall provide an explanation, or at least two examples, for the given rating in the spaces provided.	Not Applicable	Unsatisfactory	Improvement Needed	Meets Expectations	Exceeds Expectations	Exceptional
a. Team Work and Cooperation						
b. Initiative						

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c. Leadership and Professionalism						
d. Time and Resource Management						

17. Overall Score

Based on the ratings for Performance of Duty and Workplace Professionalism above, provide an overall assessment of the officers performance.						

18. Corrective Actions and Commendations

If applicable, provide a list describing the type of action or commendation. If not applicable, mark N/A	
a. Corrective Actions Received (sustained during the evaluation period. Refer to corrective actions DN).	
b. Civilian Commendations (Attach copies of commendations of available).	
c. Awards and Agency commendations (Attach copies of commendations of available).	

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Section D: Narrative (attach report if necessary)

19. Growth and Achievement: Describe areas where the member has improved and gained proficiency in the position over the evaluation period

20. Areas for Improvement: Describe all areas where the member could improve, including competencies with low rating, or where they could gain skills for further growth.

21. Guidance for Career Development: Describe any career or training aspirations expressed by the Member and advice provided.

Section E: Signature and Responses

Officer

I _____ (Print Name) acknowledge receipt of the evaluation and confirm that I met with my Evaluator for a Performance Evaluation Meeting.

Check one: I have no statement to make: ____ I have attached a statement: ____

Signature: _____ Date: _____

Evaluator, Reviewer, and Commander Signatures

Evaluator

I CERTIFY that to the best of my knowledge and belief all entries made hereon are true

Print Name: _____ Title/Rank: _____

Signature: _____ Date: _____

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Reviewer

I CERTIFY that I have reviewed and concur with the evaluation. Yes ____ No ____

Print Name: _____ Title/Rank: _____

Signature: _____ Date: _____

Commander:

Print Name: _____ Title/Rank: _____

Signature: _____ Date: _____