

Courtroom Clerk—Criminal Division, OBSERVATION REPORT

TRAINEE'S NAME: _____ START DATE: _____

RATER'S NAME: _____

DATE: ____/____/____ EVALUATION, WEEK: **1 2 3 4 5 6 7 8**, DAY: M T W THUR FR

RATING INSTRUCTIONS: Use the scale below to rate the probationary Deputy Clerk. You may comment on any category that you wish. However, a specific comment **MUST** be made in the narrative section if a rating of 1,2,3,6 or 7 is indicated or if "failure to respond to training" is indicated.

RATING SCALE:
(circle most appropriate)

<u>1 2 3</u>	<u>4 5</u>	<u>6 7</u>
in training/not acceptable	acceptable/can do job solo	superior

	<u>Rating</u>	<u>Not Responding To Training</u>	<u>Not Observed</u>	<u>Reinforcement Training Time</u>
<u>APPEARANCE</u>				
1. GENERAL APPEARANCE	1 2 3 4 5 6 7	_____	_____	_____
<u>ATTITUDE</u>				
2. ACCEPTANCE OF PERFORMANCE FEEDBACK	1 2 3 4 5 6 7	_____	_____	_____
<u>JOB KNOWLEDGE</u>				
3. LOCAL POLICIES & PROCEDURES	1 2 3 4 5 6 7	_____	_____	_____
4. OPERATIONAL PROCEDURES	1 2 3 4 5 6 7	_____	_____	_____
4.1 Compiling/Checking Dockets	1 2 3 4 5 6 7	_____	_____	_____
4.2 Courtroom Preparation	1 2 3 4 5 6 7	_____	_____	_____
4.3 Recording Dispositions	1 2 3 4 5 6 7	_____	_____	_____
4.4 Processing Cases	1 2 3 4 5 6 7	_____	_____	_____
4.5 Assessing Fines and Costs	1 2 3 4 5 6 7	_____	_____	_____
4.6 Withdrawing Warrants	1 2 3 4 5 6 7	_____	_____	_____
4.7 Jail Cards / Commitment Orders	1 2 3 4 5 6 7	_____	_____	_____
4.8 Updating Cases	1 2 3 4 5 6 7	_____	_____	_____
4.9 Filing	1 2 3 4 5 6 7	_____	_____	_____
<u>TIME MANAGEMENT</u>				
5. TIME USED	1 2 3 4 5 6 7	_____	_____	_____
6. WORKSTATION ORGANIZATION	1 2 3 4 5 6 7	_____	_____	_____
<u>RELATIONSHIPS</u>				
7. CUSTOMER SERVICE				
7.1 Voice and presence	1 2 3 4 5 6 7	_____	_____	_____
7.2 Problem solving / decision making	1 2 3 4 5 6 7	_____	_____	_____
7.3 Non stress conditions	1 2 3 4 5 6 7	_____	_____	_____
7.4 Stress conditions	1 2 3 4 5 6 7	_____	_____	_____
8. SUPERVISORS	1 2 3 4 5 6 7	_____	_____	_____
9. PEERS AND STAFF	1 2 3 4 5 6 7	_____	_____	_____

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COMMENTS:

Comment on the one specific task or a combination of tasks using the following guidelines: tasks accomplished, how many, how often, most acceptable performance, least acceptable performance, next day \ weekly goals.

GOALS:

Signatures indicate that the information was reviewed with the employee. A signature by the employee indicates acknowledgement of the receipt and the review of the observation report; it does not indicate the employee agrees or disagrees with the performance assessment.

Signatures and Printed Name:

TRAINEE: _____ DATE: / /

TRAINER: _____ DATE: / /

CRIMINAL DIVISION MANAGER: _____ DATE: / /
