INDIVIDUAL PERFORMANCE RATING				INSTRUCTIONS: The immediate supervisor will prepare this form for a subordinate person. Rating will be reviewed with the individual who will sign and date the form. The completed rating will be given to the Planning Section Chief before the rater leaves the incident.					
1. NAME				2. INCIDENT NAME AND NUMBER			START DATE OF INCIDENT		
3. HOME UNIT ADDRESS				4. INCIDENT AGENCY AND ADDRESS					
5. POSITION HELD ON INCIDENT 6. TRAINEE POSITION YES NO			NO NO	7. INCIDENT COMPLEXITY 8. DATE OF ASSIGNMENT FROM: TO:					
	List the main duties from the Position Checklist, on which the position will be rated. Enter X under the appropriate column indicating the individuals leve of performance for each duty listed.			PERFORMANCE LEVEL					
9.				Did not apply on this incident	AMAS NI NIAJO	SX SX Need to Improve	Fully Successful	Exceeds Successful	
10. F	REMARKS								
11. THIS RATING HAS BEEN DISCUSSED WITH ME (Signature of indi							12. DATE		
13	. RATED BY (Signature)	14.	HOME UNIT	15. PO	SITION HELD ON	N THIS INCIDEN	NT 16. DATE		

*U.S. GPO: 1991-594-696/40141