

# INDIVIDUAL ASSESSMENT FORM

For Auditor Training Under the HCAAF Framework

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Agency: \_\_\_\_\_

Office: \_\_\_\_\_

Please use the following scale to assess the following competency areas in the work you have performed. Select None, Minimal, Good, Excellent or N/A for each item.

- 1. None - No proficiency in this area
- 2. Minimal - Minimal proficiency in this area
- 3. Good - Good proficiency and experience in this area
- 4. Excellent - Excellent proficiency and experience in this area
- 5. N/A - This area is not part of my position

	None	Minimal	Good	Excellent	N/A
<b>BACKGROUND</b>					
Legal Foundation for Auditing					
HCAAF systems					
Strategic Alignment					
Leadership & Knowledge Management					
Talent Management					
Performance Culture					
Accountability					
<b>PRE-AUDIT PHASE</b>					
Planning & Scheduling Audit					
Determining Resources Needed					
Gathering Data & Review of Reports					
Identifying Sample Size & Interviews					
<b>AUDIT PHASE</b>					
Conducting In-Briefing					
Reviewing Records & Files					
Conducting Effective Interviews					
Conducting Out-Briefing					
<b>POST-AUDIT PHASE</b>					
Researching Issues					
Developing Audit Findings					
Identifying Problems					
Writing Audit Report					
<b>OVERALL</b>					
HR Audit Experience					
Recruitment Experience					
Delegated Examining Experience					