

INDIVIDUAL ASSESSMENT FORM

For Evaluator Training Under the HCF Framework

Name: _____

Position Title: _____

Agency: _____

Office: _____

Email: _____

Dates of course: _____

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 |
|--------------------------------------|------|---------|------|-----------|-----|
| BACKGROUND | | | | | |
| Legal Foundation for Auditing | | | | | |
| HCF systems | | | | | |
| Strategic Alignment | | | | | |
| Talent Management | | | | | |
| Performance Culture | | | | | |
| Evaluations/Accountability | | | | | |
| PRE-REVIEW PHASE | | | | | |
| Planning & Scheduling Review | | | | | |
| Determining Resources Needed | | | | | |
| Gathering Data & Review of Reports | | | | | |
| Identifying Sample Size & Interviews | | | | | |
| REVIEW PHASE | | | | | |
| Conducting In-Briefing | | | | | |
| Reviewing Records & Files | | | | | |
| Conducting Effective Interviews | | | | | |
| Conducting Out-Briefing | | | | | |
| POST-REVIEW PHASE | | | | | |
| Researching Issues | | | | | |
| Developing Review Findings | | | | | |
| Identifying Problems | | | | | |
| Writing Review Report | | | | | |
| OVERALL | | | | | |
| HR Review/Audit Experience | | | | | |
| Recruitment Experience | | | | | |
| Delegated Examining Experience | | | | | |