

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					