

PERFORMANCE MANAGEMENT REVIEW SCHEME

2008 - 2009

CONFIDENTIAL

Name
Job Title
Line Manager
Date

Meetings Initial
 Interim
 Final

REVIEW OF THE PREVIOUS YEAR'S OBJECTIVES

Use the objectives recorded on last year's documentation to review your/the Post Holder's progress and achievements. Also make use of any papers you have used during the year to update your objectives.

1. Consider how things have gone during the last year
2. Identify main achievements
3. Identify performance against previously set objectives
4. Review your contribution to the school
5. Identify areas that could have been more effective

REVIEW OF PREVIOUS YEAR'S TRAINING & DEVELOPMENT

Use the Learning and Development Log together with any updated papers to review your learning and development

1. Review learning and development received
2. Consider how learning and development have helped in your job
3. Consider how learning and development have benefited the school
4. Identify improvements in performance as a result of learning and development opportunities

STATEMENT OR JOB PURPOSE

Review your job profile and/or person specification/profile to agree a brief statement to define the purpose of the job. If the job profile/person specification is an accurate reflection of the job, then that wording may be used on the form. If it is found to be out of date, then this is a good opportunity to update that information. Make the statement short, clear and unambiguous. This will help in clarifying what is required of your/the Post Holder's role.

Attach a copy of the current/updated Job Description and Person Specification (as appropriate)

OBJECTIVES

These objectives should, wherever possible, be linked with the school development plan and any other relevant plans, e.g. Ofsted Action Plan.

Name _____ Jointly agreed objectives and suggested evidence for period _____ To _____

Objectives both task related and related to personal development/effectiveness, including target date for achievement (note – should be SMART*)	Link to school development plan etc	Action necessary by post holder and manager to support achievement of objectives	Suggested evidence to demonstrate achievement of agreed objectives	Achieved	
				YES	NO

(*Specific / Measurable / Attainable / Realistic / Time-bound)

PMR FORMS

To be completed when objectives have been agreed between the
Line Manager and the Post Holder

Line Manager's signature _____ **Date** _____
(additional comments – if appropriate)

Post Holder's signature _____ **Date** _____
(additional comments – if appropriate)

Monitoring Review : Progress towards the achievement of objectives will be reviewed on
the following dates over the next 12 months.

CONFIDENTIALITY

The PMR forms will not be kept on your/the Post Holder's personal files. The forms may contain sensitive information and should be stored under lock and key. You/the Post Holder will retain the original form and the Line Manager will have a copy. The provisions of the Data Protection Act 1998 apply and individuals will, therefore, be allowed sight and copy of the relevant data.

THE INTERIM REVIEW SHEET

Reviewee: _____

Reviewer: _____

Date of Meeting: _____

Review of objectives since last meeting

Objective*	Evidence collected	Progress & outstanding action

Signed (*Line Manager*) _____

Signed (*Reviewee*) _____

*If objective already achieved, record evidence and decision on appropriate original PMR.

Individual Statement

I confirm that the above evidence reflects my achievement of objectives over the past year

Signed:

Date:

Comments:

Recommendation by Manager

I have discussed the evidence produced and recommend/do not recommend* an increment with effect from 1 April 200_
*(*delete as applicable)*

Signed:

Date:

Comments:

Confirmation by Headteacher / Pay Appeals Committee

I have examined the above and confirm/do not confirm* the recommendation (please see comments below), and I have fed this back to the individual.
*(*delete as applicable)*

Signed :

Date:

Comments:

LEARNING AND DEVELOPMENT LOG

Detail any training, learning and development undertaken, including courses and qualifications.

Learning and Development	Provider Activity	Date

DEVELOPMENT AND TRAINING

The Reviewer will pass this form to the Inset Co-ordinator

Reviewer	Post-holder
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Date of Meeting:

Please note development and training needs required to meet targets in the box below

Post-holder:
(Signature)

Reviewer:
(Signature)