

LETHBRIDGE SCHOOL DIVISION

402.11.2.34 MHCB Wellness Coach Evaluation Form

# Section One Introduction

Name

Location

Start Date for Current Position

Evaluator

Date

*Reason for evaluation:*

Evaluation process for employees as per Division policy

Employee may not be meeting position standards

Employee request

Employee has not developed and implemented a Growth Plan

# Section Two MHCB Wellness Coach Quality Standards Form

In accordance with the expectations of MHCB Wellness Coach position, the employee will be evaluated within the following areas:

* All areas should be marked as meeting (M) the standard or not meeting (N/M) the standard. For the purposes of this form, “meeting” describes job performance that meets the standard of performance in each area. Where areas of “not meeting” standards are identified, a comment must be made.
* All marked deficiencies must be accompanied by supporting documentation.

**LEGEND:**

**M Meeting Standard**

**N/M Not Meeting Standard**

1. **PROGRAM OPERATION**

M N/M

Provides early intervention for students who are at greatest risk of addiction and mental health issues.

Develops and facilitates mental health-based programs/initiatives for students to develop skills and acquire knowledge about mental health promotion, prevention and awareness.

Provides information to school-based staff so that they can assist families in providing a nurturing and safe environment for their children.

Builds capacity of school-based staff so they can assist families in accessing services and supports, navigating barriers to acquiring supports/services and increasing school engagement.

Delivers engaging programs and is comfortable with public speaking.

Support referrals (phone call, transportation, paperwork).

Assist children and their families and the Family Team in accessing appropriate services when a crisis arises.

COMMENTS:

|  |
| --- |
|  |

1. **PROGRAM MANAGEMENT**

M N/M

Awareness and knowledge about emerging local trends, issues and initiatives regarding mental health awareness.

Update and submit PPAs to the MHCB Wellness Coach Program Manager and Administrative Assistant for record keeping.

Carries out directions and duties as assigned.

Keeps accurate records.

Provides information on a regular basis to the school principal.

Works collaboratively with the School Principal and or Family Team.

Ensures the safety of students at all times.

COMMENTS:

|  |
| --- |
|  |

**LEGEND:**

**M Meeting Standard**

**N/M Not Meeting Standard**

1. **DIRECT SERVICE DELIVERY TO STUDENTS FAMILIES AND PROJECT SCHOOL COMMUNITIES**

M N/M

Assists in the early identification and intervention of students at risk for addiction and mental health issues.

Plan, develop and implement programs designed to increase the coping skills and knowledge of all children to enable them to make better choices and adopt behaviours to self protect mental and physical health. (Proactive/preventative)

Plan, develop and implement programs designed to enhance the capacity of students to experience good mental health.

Support increased ability within the project schools to respond to the needs of children and families.

Support increased capacity of partners to collaborate effectively in supporting children and families.

Support increased capacity within school communities to identify and connect those at risk for mental health problems to appropriate resources.

COMMENTS:

|  |
| --- |
|  |

**4. RELATIONSHIP BUILDING**

M N/M

Build rapport and develop connections with students and staff across the Division.

Develop supportive relationships with student and school-based staff.

Promotes program and belonging to the school community.

Participates in school-based activities and events as appropriate.

Actively promotes parental involvement.

COMMENTS:

|  |
| --- |
|  |

1. **COMMUNICATION**

M N/M

Strong communication with school-based staff.

Sharing information via staff meetings or school newsletters.

Direct and ongoing communication with students, parents and staff.

COMMENTS:

|  |
| --- |
|  |

**LEGEND:**

**M Meeting Standard**

**N/M Not Meeting Standard**

1. **OTHER POSITION REQUIREMENTS**

M N/M

Foundational knowledge of mental health supports, strategies and the community.

Complete surveys to support program initiatives.

Participates in consultative teams as required.

Advocates on behalf of students and families.

Attends training seminars and sessions as required.

Effectively utilizes the services of outside agencies.

COMMENTS:

|  |
| --- |
|  |

**7. PERSONAL/PROFESSIONAL QUALITIES**

M N/M

Builds positive interpersonal relationships (with wellness staff, teachers, student(s), public; includes dealing with conflict).

Exhibits behaviours of a team player (with the wellness staff, the school, the community, and the Division).

Strong collaboration skills.

Takes initiative (self directed, takes charge of assigned tasks, requires minimum supervision).

Demonstrates the ability to communicate effectively and appropriately.

Resolves conflict effectively.

Skill and knowledge of facilitation, positive communication and creative thinking.

Maintains appropriate personal hygiene and appearance.

COMMENTS:

|  |
| --- |
|  |

# 8. TIME MANAGEMENT

Attendance report attached and reviewed by evaluator

M N/M

Attends regularly

Use of time (include attendance, punctuality, setting of priorities, keeping to schedules)

Excellent organization and time management

Sets priorities in collaboration with administration

Follows assigned schedule

COMMENTS:

|  |
| --- |
|  |

# 9. DECISION

Employee is meeting standards at this time

Employee is not meeting standards and Human Resources is contacted as per Division policy

Employee returns to Growth Plan process as per Division policy

# 10. EVALUATOR’S COMMENTS

COMMENTS:

|  |
| --- |
|  |

# 11. EMPLOYEE’S COMMENTS

COMMENTS:

|  |
| --- |
|  |

***As MHCB Program Manager, I have read and approve this evaluation.***

|  |
| --- |
|  |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MHCB Program Manager Signature Date

After this evaluation has been signed by the Principal, the following signatures are necessary upon review:

|  |
| --- |
|  |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee’s Signature Date

|  |
| --- |
|  |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reviewed by Human Resources Date

* Copy to Employee
* Copy to Supervisor
* Original copy goes to Human Resources for employee’s file