Winchester Fire & Rescue Department

PERSONAL FEEDBACK

_____

Employee Name Date

Please review the following and place a check that best identifies your professional opinion of the category.

Category	Excellent	Good	Adequate	Improvement Needed
Uniforms				
Protective Clothing				
Training Program				
Educational Opportunities				
Fringe Benefits				
Work Schedule				
Salary				
Career Development				
Emergency Operations				
Safety Program				
Availability to Staff Officers				
Emergency Communication				
Employee Morale				
Apparatus				
Equipment				

Utilizing the space below and additional space as needed, please explain what modifications you would consider for those items you rated as IMPROVEMENT NEEDED.

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What professional contribution have you personally made to the Department within the past 12 months which has enhanced the functions of the Department? Please explain fully.

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What modifications would you like to see made within the Department which would assist you in improving your job performance? This should include operational and administrative items.

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What professional contribution do you plan to make to the Department within the next year which will improve the manner in which the Department does business? Please be specific as to the contribution and how it will affect service delivery.

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What professional goals have you established for yourself during the next:

2 Years

_____
_____
_____

5 Years

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_____

10 Years

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Additional space for comments:

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