

Individual Performance Rating		Instructions: The immediate supervisor will prepare this form for a subordinate person. Rating will be reviewed with the individual who will sign and date the form. The completed rating will be given to the Planning Section Chief before the rater leaves the incident.				
1. NAME:		2. INCIDENT NAME AND NUMBER		START DATE OF INCIDENT		
3. HOME UNIT ADDRESS		4. INCIDENT AGENCY AND ADDRESS				
5. POSITION HELD ON INCIDENT		6. TRAINEE POSITION		7. INCIDENT COMPLEXITY		
GISS		<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III		
				8. DATE OF ASSIGNMENT		
				FROM: TO:		
9. List the main duties from the Position Checklist, on which the position will be rated		PERFORMANCE LEVEL				
Enter X under the appropriate column indicating the individuals level of performance for each duty listed.		Did not apply on this incident	Unacceptable	Need to Improve	Fully Successful	Exceeds Successful
Arrive with GIS kit						
Obtain briefing from Situation Unit Leader						
Obtain GIS work materials						
Organize GIS work area						
Maintain positive interpersonal relationships						
Obtain GIS data from local resources						
Assist SITL in collecting information for display on maps						
Download data from Global Positioning System units						
Produce IAP map						
Produce Incident Briefing map						
Produce Situation/Plans map						
Produce Transportation map						
Produce Progression map						
Perform daily back ups and maintain archival process						
10. REMARKS						
11. THIS RATING HAS BEEN DISCUSSED WITH ME (Signature of individual being rated.)					12. DATE	
13. RATED BY (Signature)		14. HOME UNIT	15. POSITION HELD ON THIS INCIDENT		16. DATE	