

Coaching Checklist

Employee Self Assessment

The purpose of meeting with you is to:

- Share information about your performance
- Work with you to identify possible causes for performance deficiencies
- Agree upon a solution
- Set a follow up date for progress review

Just as a reminder, you are not alone; management is here to assist in the performance improvement process.

Review

Employee Name:

Hire Date:

Date:

Review Period:

Instructions

All managers/supervisors should complete this form monthly for:

- What To Do
 - Supervisor/Manager identify employees who are considered to have motivational issues
 - Supervisor/Manager complete the Motivational Checklist with Revenue Cycle Staff Member in order to determine resolution to overcome the issue
 - Revenue Cycle Staff Member has to self-identify the motivation issue.
- When and Where To Complete the Motivation Checklist
 - Motivational Checklist completed monthly until the issue is resolved.
 - Monthly one on one session with supervisor/manager/ Revenue Cycle Staff Member
- How To Complete the Motivation Checklist
 - Supervisor/Manager assess the area of improvement needs and determine if it is training or motivation that is being lacked in order to successfully complete the task.
 - Supervisor/Manager completes the first section. The Revenue Cycle Staff Member self-identifies what is causing the motivational issue.
 - Supervisor/Manger and Revenue Cycle Staff Member determine a course of action to resolve the motivational issue.
- Who Is To Be Involved in the Process
 - Supervisor/Manager/ Revenue Cycle Staff Member work together.

Attendance	<input type="checkbox"/>	_____
Punctuality	<input type="checkbox"/>	_____
Metric Review		
<i>Stat Production</i>	<input type="checkbox"/>	_____
<i>Promises Kept %</i>	<input type="checkbox"/>	_____
<i>Collected per scheduled hour + OT</i>	<input type="checkbox"/>	_____
<i>Average Collection Size</i>	<input type="checkbox"/>	_____
<i>Quality Review</i>	<input type="checkbox"/>	_____
<i>Other</i>	<input type="checkbox"/>	_____

Employee Self-Assessment (Please select and explain)

Family Issues	<input type="checkbox"/>	_____
Health Issues	<input type="checkbox"/>	_____
Management Issues (Manager or Supervisor)	<input type="checkbox"/>	_____
Schedule Conflict	<input type="checkbox"/>	_____
Job Burnout	<input type="checkbox"/>	_____
Collections	<input type="checkbox"/>	_____
Call Center Environment	<input type="checkbox"/>	_____
Goals (Production, ACW, etc.)	<input type="checkbox"/>	_____
Childcare Issues	<input type="checkbox"/>	_____
Company Policies	<input type="checkbox"/>	_____
Transportation / Location	<input type="checkbox"/>	_____
Pay / Benefits	<input type="checkbox"/>	_____
Issues with co-workers	<input type="checkbox"/>	_____
Facility Issues (i.e. temperature, desk, chair, etc.)	<input type="checkbox"/>	_____
Lack of Recognition	<input type="checkbox"/>	_____
Lack of Training	<input type="checkbox"/>	_____
Advancement Opportunities	<input type="checkbox"/>	_____
Staff Morale	<input type="checkbox"/>	_____
No Friends at work	<input type="checkbox"/>	_____
Constant Change	<input type="checkbox"/>	_____
Bonus Program	<input type="checkbox"/>	_____
Team Assignment	<input type="checkbox"/>	_____
Quality Program	<input type="checkbox"/>	_____
Other	<input type="checkbox"/>	_____
Other	<input type="checkbox"/>	_____
Other	<input type="checkbox"/>	_____

Action Already Taken by Employee (Please explain)

Management Assistance Requested by Employee (Please select and explain if necessary)

Training	<input type="checkbox"/>	_____
Professional Counseling	<input type="checkbox"/>	_____
Meeting (Manager, Supervisor, Co-Worker)	<input type="checkbox"/>	_____
Desk Re-assignment	<input type="checkbox"/>	_____
More recognition	<input type="checkbox"/>	_____
Temporary Schedule Change (Requires Director approval)	<input type="checkbox"/>	_____
Find me a buddy	<input type="checkbox"/>	_____
Explain company policy	<input type="checkbox"/>	_____
Need assistance finding ride	<input type="checkbox"/>	_____
No assistance needed from management	<input type="checkbox"/>	_____
Other	<input type="checkbox"/>	_____
Other	<input type="checkbox"/>	_____

Management Agrees to:

Progress Notes

Signatures

Manager/Supervisor:	Date:
Employee:	Date: