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| **Group Performance Development Review** |
| **Service Area:**  **Team Name:**  **Team member names:** |
| **Review Period: Initial: Y/N End of Year: Y/N** |
| **Look back:** |
| **What has gone well?** |
| **What has gone not so well?** |
| **What have you achieved?** |
| **What is still outstanding to be achieved?** |

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| **Look forward:** | |
| **Team Objectives:** | |
| **Manager to share & discuss identified team objectives from LOIP/ BIP/ Team Plan** | |
| **How will you contribute towards the achievement of this/ these team objectives?** | |
| **Are there any possible barriers/ restrictions that may impact your achievement of any of these objectives?** | |
| **What support, if any, might you need?** | |
| **Is there a need for any mandatory/ legislative training?** | |
| **Manager’s comments** | |
| **Name(s) of any team member requesting a 1-2-1 PDR** | |
| **Manager’s Signature** | **Date** |