

Self-Assessment Evaluation Form



Do not return this form to the association office. Instead, indicate that it has been completed in your Self-Assessment Declaration when renewing your membership.

| First Name | Last Name | Designation | Member # | Date (mm/dd/yy) | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-------------|--------------------------|--------------------------|--------------------------|
| Put a check mark in the appropriate column to indicate your answer to each statement. Choose "N/A" if the statement does not apply to you. Refer to the Self-Assessment Guide for information on how to fill out this form. Even if you do not practise professional forestry, most of the assessments to the following statements will be useful to your job. For any "improvement needed" item, record it as requiring actions in your Professional Development Plan. | | | Yes | Improvement Needed | N/A |
| Knowledge | | | | | |
| 1. I have a clear understanding of my professional forestry and non-professional forestry job performance expectations and they are documented. | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. I have documented all the professional development activities I undertook during the last year to maintain my competency in my area(s) of practice. | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. I am keeping up-to-date with legislation and policies which affect my areas of professional forestry and non-professional forestry practice. | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. I am keeping up-to-date with my professional obligations under the <i>Foresters Act</i> and ABCFP Bylaws. This means that I am familiar with the Act, Bylaws, interpretive guides and guidance documents applicable to my professional forestry practice or job expectations, especially documents related to professional reliance. | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. I am practising only in those professional forestry fields where training and ability make me professionally competent. | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. I acquire appropriate job-related knowledge when it is lacking (E.g. continuing professional development activities, reading, involvement with discussion groups and committees, consulting with mentors, peers and specialists). | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. In order to carry out my job responsibilities I have adequate knowledge about Aboriginal peoples, their culture and Aboriginal rights and title interests, and concerns with forest land and resource use. | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Completeness and Correctness | | | | | |
| 8. I ensure that my work is scientifically and technically sound. | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. When making significant decisions, I provide a clear analysis of all practical options, considerations and implications. | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. My work, where appropriate, is supported by sufficient rationales so that others can implement recommendations or action plans and meet the objectives and commitments embodied in the work. | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. My work is checked for errors or omissions before submission. | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. If appropriate, my work is checked for legal requirements before submission. | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Where my scope of work product or opinion is qualified or limited in some way, I state clearly those qualifications or limitations. | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Where my work product requires or implies objectives, I provide specific, measurable and verifiable objectives so results can be evaluated. | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Professional Care | | | | | |
| 15. All my work is appropriately filed and backed up offsite and I will be able to retrieve all work, if needed, in the future. | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. I keep a professional diary of daily activities and important decisions and a phone log of significant verbal dialogue. | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. I have a clear understanding of my client's or employer's objectives and how they relate to other values or interests associated with their work. | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 18. I met the objectives spelled out in my previous Professional Development Plan. | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 19. I maintain safe work practices and consider the safety of others. | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 20. When I delegate work to others, I am confident they are qualified, are professionally authorized to carry out the work and their work makes sense to me based on my personal knowledge. | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |