

**Texas Department of Criminal Justice
Program-Specific Vendor Substance Abuse Counselor
Performance Review**

TDCJ Unit or Community Based Facility: _____

Program-Specific Vendor: _____

Immediate Supervisor: _____ Title: _____

Period of Review: From: _____ To: _____
(mm/dd/yyyy) (mm/dd/yyyy)

Employee's Name: _____ SSN: _____
Please Print: Last First MI

Employee's Mailing Address: _____
Street Address City State Zip Code

Employee's Personal Phone Number: _____
Area Code

Date of Employment: _____ Date of Last Review: _____
(mm/dd/yyyy) (mm/dd/yyyy)

Employee is currently (check all that apply):

Not Under Supervision On Community Supervision

On Mandatory Supervision On Parole

Date of Conviction: _____
(mm/dd/yyyy)

1. Since the last review, has the employee received any type of disciplinary action for violation of TDCJ or program-specific vendor employee rules of conduct, policies, or procedures?

Yes No If Yes, explain the violation and the disposition:

2. How well does the employee interact with other staff on the unit, including correctional officers and offenders?

3. Have you observed any emotional problems or inappropriate behavior, such as anger, control, alienation, or grandiosity, by this employee that have been or need to be addressed with the employee?

() Yes () No If Yes, please explain: _____

4. Please use the following space to address any other areas of concern pertaining to this employee's job performance, behavior and attitude, or any other pertinent information. _____

Employee:

Printed Name:

Signature

Date (mm/dd/yyyy)

Note to Employee: With few exceptions, you are entitled upon request: (1) to be informed about the information the TDCJ collects about you; and (2) under Texas Government Code §§ 552.021 and 552.023, to receive and review the collected information. Under Texas Government Code § 559.004, you are also entitled to request, in accordance with TDCJ procedures, that incorrect information the TDCJ has collected about you be corrected.

Supervisor:

Printed Name:

Signature

Date (mm/dd/yyyy)

Program Director:

Printed Name:

Signature

Date (mm/dd/yyyy)

Warden or Community Based Facility Contract Monitor:

Printed Name:

Signature

Date (mm/dd/yyyy)

Warden's or Community Based Facility Contract Monitor's Comments: _____

Distribution:

Original: Rehabilitation Programs Division director or, if vendor is a community based provider, director of Specialized Programs

Copy: Appropriate warden or community based facility contract monitor

Copy: Program-specific vendor

Copy: Employee