South St. Paul Schools

Employee Evaluation Form

*Our Core Values: Compassion, Equity, Excellence, Integrity, Resilience, Respect*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Name |  | |  | School Year | | Choose an item. |
| Assignment: | |  |  | Building | Choose an item. | |

# *Refer to Employee Evaluation Rubric for detailed descriptions of each category and level*

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# KEY: U=Unsatisfactory B=Basic P=Proficient D=Distinguished NA=Not Applicable

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| A. | **COMPASSION, EQUITY, RESPECT** | U | B | P | D | NA |
|  | 1. Demonstrates a positive attitude |  |  |  |  |  |
|  | 2. Contributes to a positive work environment and culture |  |  |  |  |  |
|  | 3. Interacts appropriately with community members |  |  |  |  |  |
|  | 4. Interacts appropriately with all staff |  |  |  |  |  |
|  | 5. Interacts appropriately with students |  |  |  |  |  |
|  | 6. Acts as a positive role model |  |  |  |  |  |
|  |  |  |  |  |  |  |
| B. | **INTEGRITY** | U | B | P | D | NA |
|  | 1. Maintains acceptable attendance record |  |  |  |  |  |
|  | 2. Utilizes time appropriately |  |  |  |  |  |
|  | 3. Ensures confidentiality of information |  |  |  |  |  |
|  | 4. Adhere to District policies and procedures |  |  |  |  |  |
|  |  |  |  |  |  |  |
| C. | **EXCELLENCE** | U | B | P | D | NA |
|  | 1. Knowledge & performance of job duties *(refer to job description)* |  |  |  |  |  |
|  | 2. Quality work performance |  |  |  |  |  |
|  | 3. Quantity of work/time management |  |  |  |  |  |
|  | 4. Models excellent communication |  |  |  |  |  |
|  | 5. Utilizes technology |  |  |  |  |  |
|  |  |  |  |  |  |  |
| E. | **RESILIENCE** | U | B | P | D | NA |
|  | 1. Ability to problem solve |  |  |  |  |  |
|  | 2. Demonstrates flexibility and adapts to change |  |  |  |  |  |
|  | 3. Welcomes professional development and personal growth |  |  |  |  |  |

Employee Evaluation Form

Page Two

**SUGGESTIONS FOR GROWTH:**

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|  |

**OVERALL COMMENTS**:

|  |
| --- |
|  |

Signature indicates discussion has occurred. Employees may attach a response to this evaluation (*optional*).

Employee Signature Date

Supervisor Signature Date

*Submit signed original form to the Human Resources Department to include in personnel file*