

## Custodian Evaluation Form

Employee \_\_\_\_\_

Date \_\_\_\_\_

School \_\_\_\_\_

Work Area \_\_\_\_\_

	Satisfactory	Improvement Needed	Unsatisfactory
<b>1. Cleaning Techniques</b>			
<b>2. Work Environment</b>			
<b>3. Professional Qualities</b>			
<b>4. Staff Relationship</b>			
<b>5. Appearance and Manner</b>			
<b>6. General Rating</b>			

The following are performed on a regular basis during the normal cleaning program:

Chalkboards _____	Windows Locked _____
Sinks _____	Desk, Table Tops Clean _____
Commodes _____	Dusting _____
Urinals _____	Wet Mopping _____
Windows Cleaned _____	Disinfecting _____
Blinds _____	Clean Work Area _____
Floors _____	Clean Tools _____
Walls _____	Vacuum _____
Countertops _____	Spray Buffing _____

Comments:

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Principal's Signature

**Please forward copy to Administrative Officer – Operations/Risk Management, L. A. Berry Support Complex.**