

Kuspuk School District
Classified Evaluation page 1 of 2



Employee Name: _____ Date: _____

School / Dept: _____

Job Title: _____

Reason for Evaluation (check one)

Annual Evaluation: _____ (due by April 15)

End of Probationary Period: _____ (end of 60 days)

Termination: _____

Number of days worked since Hire or Last Evaluation: _____

Factors considered (as applicable)	1 point Not Satisfactory*	2 point Requires Improvement	3 points Effective/ Satisfactory	4 points Exceeds Standard
Attendance				
Reports On Time to Work				
Observance of Work Rules				
Accepts Responsibility				
Accepts Directions				
Knowledge of Work				
Work Attitude				
Planning & Scheduling				
Organization				
Quality of Work				
Volume of Acceptable Work				
Meeting Deadlines				
Handling of Stress				
Adjustment to Change				
Initiative				
Leadership				
Interaction with Students				
Interaction With Staff				
Interaction with the Public				
Appearance				
Supervision of Staff				
Professionalism				

**must be addressed in comments section*

Total Points Possible - this employee: _____ Total Points: _____

Note: The maximum possible points is 88; however some may not be applicable to some positions.

Kuspuk School District
Classified Evaluation page 2 of 2

Evaluator Comments: _____

The evaluator is encouraged to use the above section to comment on the qualities evaluated. Review of the job description and of goals specific to the employee is also highly recommended. The evaluation should be used as an opportunity to set goals for future performance. Additional sheets may be attached.

Overall Evaluation *(Select one based on points earned)*

Superior: _____ 90-100%
Good: _____ 80-89%
Average: _____ 70-79%
Requires Improvement: _____ 60-69%
Not Satisfactory: _____ 59% and below

On annual evaluations, only those employees with Average or above ratings will be eligible for annual merit increase.

Recommendation *(Select one)*

Continued Employment: _____
Permanent Status: _____
Extended Probationary Period*: _____ # of additional Days _____
Termination**: _____

* *written Plan of Improvement must be attached - see separate form*

** *Payroll Action form must also be completed*

Employee Comments: _____

Employee: I certify that this report has been discussed with me. I understand my signature does not necessarily indicate agreement. I have been given a chance to write comments.

Employee Signature: _____

Supervisor Signature: _____

Superintendent Signature: _____

(required for Annual Evaluations and Extended Probation Recommendations only)

For Business Office Use only: Current Step: _____ Next Step: _____