

# **Fleming County Schools**

---

## **Classified Employee Evaluation**

### **Forms and Procedures**

**Fleming County Schools  
211 West Water Street  
Flemingsburg, KY  
41041**

**Brian K. Creasman  
Superintendent**

---

## TABLE OF CONTENTS

	Page
Table of Contents .....	2
Planning Committees .....	3
Evaluation Process Classified Personnel.....	4-5
Evaluation Standards-Performance Criteria for Classified Personnel Formative/Summative Form.....	6-8
Classified Summative Evaluation Form/Employment Recommendation .....	9
Classified Individual Corrective Action Plan.....	10
Classified Written Warning Form .....	11
Classified Employee Evaluation Written Response Form .....	12
Classified Employee Evaluation Appeals Hearing Request Form .....	13

**Fleming County Schools  
Policy 03.28  
Classified Employee Evaluation Process**

Each classified employee shall be evaluated one time per year by April 15th. This evaluation shall be performed by the principal or the immediate supervisor and shall be based upon a formal procedure approved by the **Board of Education** for that specific position or class of positions. The administrator performing the evaluation shall share and discuss the evaluation report with the employee. The employee shall have the right to comment in writing on the evaluation report. The employee's written comments shall be attached to the evaluation report, and the report shall be filed with the Superintendent.

**Classified Personnel Defined**

"Classified employee" shall mean an employee of a local district who is not required to have certification for his/her position as required in KRS 161.020.

**Procedure 03.28 AP.21**

1. All classified employees shall be evaluated one (1) time per year and the evaluation shall be completed by April 15.
2. Each employee will receive a copy of the evaluation document and an explanation of the evaluation process within thirty (30) days of reporting for employment.
3. The immediate supervisor (or designee) to the employee will be responsible for completing the evaluation and having a conference with the employee regarding the evaluation.
4. The employee will be given a copy of his/her evaluation and shall have the opportunity for a written response to his/her evaluation. The employee will be responsible for submitting the written response to the supervisor, to be included with the evaluation and placed in the personnel folder at the work location.
5. Any classified employee whose performance is not satisfactory at any point, or who receives a "does not meet" rating on the evaluation, will work with the supervisor to develop an individual corrective action plan.
6. All employees shall have the right to appeal his/her evaluation.
7. Employee summative evaluations shall be kept in the employee personnel file at Central Office.

**I. Purpose**

- A. To establish procedure for evaluating all classified personnel based upon the quality of performance.
- B. To assist the individual employee in identifying accomplishments as well as to provide assistance for growth when needed.

**II. Design**

- A. All classified employees will be evaluated (1) one time per year by April 15th.
- B. All classified employees will have annual orientation to the evaluation process prior to the implementation of the evaluation plan and must be given by the principal within thirty (30) days of initial employment.

C. Rating Scheme

<b><u>Employee</u></b>	<b><u>Evaluator</u></b>
Custodians	Principal
Bus Drivers	Transportation Supervisor
Bus Monitors	Transportation Supervisor
Bus Mechanic	Transportation Supervisor
Paraeducators	Principal/Supervisor
Clerical Personnel	Principal/Supervisor
Food Service Personnel	Director of Food Service/Cafeteria Manager
Maintenance Personnel	Maintenance Supervisor
Special Education Personnel	Principal/ Director of Special Education
FRYSC Personnel	Principal/FRYSC Coordinator
District Office Classified Directors	Superintendent or Designee
District Office Support Personnel	Superintendent or Designee

III. **Evaluators**

Evaluators shall be trained and approved in the proper techniques for effectively evaluating classified employees.

IV. **Appeals Procedure**

**Evaluation Appeal**

An employee may appeal his/her evaluation as follows:

1. The employee may request a review of his/her evaluation with the immediate supervisor.
2. If a review is requested, the Superintendent/designee shall set the time and place of the review with the employee and immediate supervisor.
3. During the review process, the employee shall be given the opportunity to present any evidence or testimony supporting his/her position.
4. Within ten (10) working days of the hearing, the Superintendent/ designee shall prepare and forward to the employee and the employees' supervisor a written response to the appeal.
5. All information relating to the employee's evaluation shall be placed in the employee's appropriate personnel file.
6. Time limits set forth in this section may be extended by the written mutual agreement of the employee and the Superintendent.

Formative   
 Summative

**Fleming County Schools  
 Classified Employee Evaluation**

Employee Name \_\_\_\_\_ School Year \_\_\_\_\_

Worksite/School \_\_\_\_\_ Supervisor \_\_\_\_\_

- |                          |              |                          |                      |
|--------------------------|--------------|--------------------------|----------------------|
| <input type="checkbox"/> | Bus Driver   | <input type="checkbox"/> | Food Service         |
| <input type="checkbox"/> | Custodian    | <input type="checkbox"/> | Maintenance          |
| <input type="checkbox"/> | Paraeducator | <input type="checkbox"/> | Bus Mechanic         |
| <input type="checkbox"/> | Clerical     | <input type="checkbox"/> | Other, Specify _____ |

**Explanation of Scale:**

Meets (M)      Needs Growth (NG)      Does Not Meet (DNM)      Not Applicable (NA)

**Standard 1—General Performance**

**Provide service within the school, community, and educational profession to improve student learning and well-being.**

Performance Indicators	M	NG	DNM	NA
1.1 Works with children in a friendly manner				
1.2 Maintains confidentiality of school related business				
1.3 Operates within established policy guidelines				
1.4 Deals tactfully with co-workers and the public				
1.5 Initiates opportunities to develop greater job skills				
1.6 Approaches assignments in a positive manner				
1.7 Exhibits cooperation with co-workers				
1.8 Expresses ideas well orally and/or in writing				
1.9 Listens to and accepts instruction				
1.10 Is interested in and concerned about his/her work				
1.11 Discusses assignments and problems with supervisor(s)				
1.12 Stays informed about board policy changes regarding job				
1.13 Is dependable				
1.14 Exhibits care in use of board property and equipment				

**Standard 2—Specific Job Performance****Evaluates own overall performance in relation to job description.**

Performance Indicators	M	NG	DNM	NA
2.1 Completes work assignments according to job description				
2.2 Meets deadlines when exist				
2.3 Does routine work without instructions				
2.4 Demonstrates care in use of supplies and equipment				
2.5 Plans and organizes to accomplish job				
2.6 Possesses technical knowledge/skill to perform job				
2.7 Uses proper equipment to accomplish job				
2.8 Is innovative in solving difficult problems				
2.9 Is capable of independent action				
2.10 Works well as a team member				
2.11 Shifts to new tasks when priorities change				
2.12 Does own follow-through to ensure job completion				
2.13 Performs quantity of work expected				
2.14 Is complete and thorough in paperwork				
2.15 Practices wise use of district funds				

**Standard 3—Personal Characteristics****Demonstrates positive personal interactions with staff and students.**

Performance Indicators	M	NG	DNM	NA
3.1 Is punctual and regular in attendance				
3.2 Uses sick and leave time appropriately				
3.3 Maintains a neat appearance				
3.4 Follows policies of school, district, and state				
3.5 Responds appropriately to student misconduct				
3.6 Cooperates with other team members when appropriate				
3.7 Develops and completes a classified improvement plan as needed				

Employee comments:

---

Evaluator comments:

**CLASSIFIED EMPLOYEE EVALUATION CONFERENCE VERIFICATION**

*I have read this work performance evaluation and have had an opportunity to discuss it in a conference with my immediate supervisor. My signature does not imply agreement or disagreement with the content of this report.*

---

Employee Signature

Date

*I have discussed the content of this evaluation in a conference with the employee.*

---

Evaluator Signature

Date

**Fleming County Schools  
Classified Employee Summative Evaluation**

Employee Name \_\_\_\_\_ School Year \_\_\_\_\_

Worksite/School \_\_\_\_\_ Supervisor \_\_\_\_\_

**Standard 1—General Performance**

Provides service within the school, community, and educational profession to improve student learning and well-being.

Meets	Does Not Meet

**Standard 2—Specific Job Performance**

Evaluates own overall performance in relation to job description.

--	--

**Standard 3—Personal Characteristics**

Demonstrates positive personal interactions with staff and students.

--	--

Employee Comments:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Evaluator Comments:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

(Additional pages may be added)

**CLASSIFIED EMPLOYEE EVALUATION CONFERENCE VERIFICATION**

*I have read this work performance evaluation and have had an opportunity to discuss it in a conference with my immediate supervisor. My signature does not imply agreement or disagreement with the content of this report.*

\_\_\_\_\_  
 Employee Signature Date

*I have discussed the content of this evaluation in a conference with the employee.*

\_\_\_\_\_  
 Evaluator Signature Date

Employment Recommendation to Superintendent:

- Recommended for re-employment  
 Not recommended for re-employment

Classified employees have the right to appeal the substance and/or procedures of this summative evaluation within five (5) working days. Signature indicates that the written evaluation has been reviewed and discussed by the evaluator and the employee.



**FLEMING COUNTY SCHOOLS  
CLASSIFIED EMPLOYEE  
INDIVIDUAL CORRECTIVE ACTION PLAN**

EMPLOYEE \_\_\_\_\_

DATE \_\_\_\_\_

LOCATION \_\_\_\_\_

1. STANDARD AREA(S) AND PERFORMANCE INDICATOR(S):

2. GROWTH OBJECTIVE(S):

3. PROCEDURES AND ACTIVITIES FOR ACHIEVING OBJECTIVE(S):

4. APPRAISAL METHOD/TARGET DATES (MINIMUM OF TWO):

5. STANDARD(S) AND PERFORMANCE INDICATOR(S)/DATE OF ACTION TAKEN:

A. Verbal Warning	Standard Area(s)/Performance Indicator(s)	Date _____
B. 1 <sup>st</sup> Written Warning	Standard Area(s)/Performance Indicator(s)	Date _____
C. 2 <sup>nd</sup> Written Warning	Standard Area(s)/Performance Indicator(s)	Date _____
D. 3 <sup>rd</sup> Written Warning	Standard Area(s)/Performance Indicator(s)	Date _____
E. Termination	Standard Area(s)/Performance Indicator(s)	Date _____

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Evaluator Signature

\_\_\_\_\_  
Date

*Signatures simply imply that information has been discussed and copies provided.*

**FLEMING COUNTY SCHOOLS  
CLASSIFIED EMPLOYEE  
WRITTEN WARNING FORM**

Name \_\_\_\_\_ Date Form Completed \_\_\_\_\_

Classified Title \_\_\_\_\_ Classification Code \_\_\_\_\_ Building \_\_\_\_\_

Evaluator \_\_\_\_\_ Evaluator Job Title \_\_\_\_\_

STANDARD AREA(S) AND PERFORMANCE INDICATOR(S) FROM SUMMATIVE AND OR  
FORMATIVE EVALUATION FORM:

Standard Area(s): \_\_\_\_\_ Performance Indicator(s): \_\_\_\_\_

Brief explanation of concern:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Evaluator Signature \_\_\_\_\_ Date \_\_\_\_\_

*Signatures simply imply that information has been discussed and copies provided.*



**Evaluation Appeals Hearing Request Form**

I \_\_\_\_\_ have been evaluated by \_\_\_\_\_ during the current school year evaluation cycle. My disagreement with the findings of the evaluation has been thoroughly discussed with my supervisor. I respectfully request the Fleming County School District Evaluation Appeals Panel to hear my appeal.

My appeal challenges the evaluation findings on:

\_\_\_\_\_ substance

\_\_\_\_\_ procedure

\_\_\_\_\_ both substance and procedure

The date of the evaluation conference was \_\_\_\_\_. The date the supervisor was notified of my intent to appeal was \_\_\_\_\_. The rating with which I disagree is \_\_\_\_\_. The specific reason(s) that I have are as follows:

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

Employee Signature

Date