Employee Name: _____ **School/Department:** _____ **Job Title:** _____

Probationary Evaluation Report
Due within 90 days of the hire date

Periodic Evaluation Report

Annual Evaluation Report
Due in May and includes new hires

Classified Employee Performance Evaluation

Section A: Factor Check List Immediate supervisor must check each factor in the appropriate column.

NS= Not Satisfactory, ****BE**=Below Expectations, **ME**= Meets Expectations, **NA**=Not Applicable (****BE** marks must be explained on a Plan of Improvement)

1) Observance of work hours
2) Attendance
3) Grooming
4) Compliance with rules
5) Safety practices
6) Public contacts
7) Pupil contacts
8) Employee contacts
9) Knowledge of work
10) Work judgements
11) Planning and organizing
12) Job skill level
13) Quality of work
14) Volume of acceptable work
15) Meeting deadlines
16) Accepts responsibility
17) Accepts direction
18) Accepts changes
19) Effectiveness under stress
20) Appearance of work station
21) Operation and care of equipment
22) Work condition
23) Initiative
24) Job description compliance

*No. 25-34: Additional Factors for Evaluation of **Supervisors***

25) Scheduling and coordinating
26) Training and instructing
27) Productivity
28) Evaluating subordinates
29) Judgements and decisions
30) Leadership
31) Operational economy
32) Supervisory control

Section B: Record job STRENGTHS	****Section C: Record PROGRESS ACHIEVED** in attaining **previously set goals for improved work performance** for person or job qualifications **(****BE** marks must be explained on a **Plan of Improvement)**	****Section D: Record specific Goals to be undertaken during evaluation period (****BE** marks must be explained on a **Plan of Improvement)**	**Section E: Comments**

Summary Evaluation: **Meets Standard in All Areas**

****Below Expectations in Number(s)**
(in Section A) **See Plan of Improvement

Not Satisfactory, Employee not recommended for continuing employment.

Reviewer:

Reviewer/Employee: This report has been discussed. We understand that the employee's signature does not indicate agreement. We understand if we disagree, the employee has the right to submit a written commentary to be attached to this form and included in his/her personnel file. **Record the noteworthy elements of the Evaluation Review, including specific suggestions, goals and objectives to be achieved and schedule of activities to be undertaken:**

Employee Signature: _____ Date: _____

Reviewer Signature: _____ Date: _____