



**Classified Performance Evaluation**  
Pleasant Valley School District

**Date:** \_\_\_\_\_

<b>Employee Name:</b>	<b>Classification:</b>
<b>Location:</b>	<b>Probationary:</b> <input type="checkbox"/> 2 mo <input type="checkbox"/> 4 mo <input type="checkbox"/> 6 mo
	<b>Permanent:</b> <input type="checkbox"/> Annual <input type="checkbox"/> Special

	Exceptional	Exceeds	Meets	Needs Imprv.	Unsatisfactory	Rating Scale:
						<b>Exceptional</b> - consistently exceeds expectations, positive model <b>Exceeds</b> - consistently meets and occasionally exceeds expectations <b>Meets</b> - consistently meets expectations <b>Needs Improvement</b> - occasionally fails to meet expectations <b>Unsatisfactory</b> - often fails to meet expectations
<b>Work Habits</b>						<b>Comments or Suggestions</b>
Attendance and punctuality						
Organizes work well						
Displays initiative						
Accepts direction, changes						
Accepts responsibility						
Uses good judgment						
Maintains confidentiality						
Grooming/dress appropriate						
<b>Quality</b>						<b>Comments or Suggestions</b>
Job knowledge						
Accuracy						
Timely completion of tasks						
Attention to details						
Use/care of equipment						
Neat, organized						
<b>Interpersonal Skills</b>						<b>Comments or Suggestions</b>
Works as part of team						
Professional interaction w/public						
Professional interaction w/students N/A						
Professional interaction w/ co-workers						
Professional interaction w/ supervisors						
<b>Supervisory Positions Only</b>						<b>Comments or Suggestions</b>
Plans and directs work						
Trains and evaluates staff						
Provides feedback to subordinates						
<b>Goals for Next Evaluation:</b>						

**Recommendation by Supervisor:**

- Continued employment/pass probation (6 months)   
  Improvement plan needed   
  Did not pass probation (up to 6 months)

My signature indicates I have reviewed/discussed this evaluation with my supervisor, but does not necessarily indicate agreement. If I do not agree with this evaluation, I understand that I have ten working days to send a written response to the Asst. Superintendent of HR. The response will be attached to this evaluation. I may also request a meeting with the Asst. Superintendent of HR.

\_\_\_\_\_

Employee Signature Date

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Print Name of Evaluating Supervisor

\_\_\_\_\_

Evaluating Supervisor Signature Date

\_\_\_\_\_

Director, Classified Human Resources Date