

Clayton County Public Schools  
Record of Classified Evaluations

School/Location: \_\_\_\_\_ Date Submitted: \_\_\_\_\_

Principal/Supervisor: \_\_\_\_\_ Signature: \_\_\_\_\_

List names of all employees for whom evaluations are being submitted. This form must be submitted **with** evaluations.

| Employee Name | Employee # | Check Below if Employee has Corrective Action Plan |
|---------------|------------|----------------------------------------------------|
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List below name, employee # and reason for any missing classified employee evaluation:

1. \_\_\_\_\_

2. \_\_\_\_\_

