

# Clayton County Public Schools Classified Employee Evaluation Record

\_\_\_\_ Mid-Year \_\_\_\_ Annual

Overall Summary: \_\_\_\_ Satisfactory  
\_\_\_\_ Needs Improvement  
\_\_\_\_ Unsatisfactory

*select one*

Employee Name \_\_\_\_\_ ID # \_\_\_\_\_ Date \_\_\_\_\_

Location \_\_\_\_\_ Position \_\_\_\_\_

**Rating Scale:**

Satisfactory:

Accomplishes assigned tasks with little or no supervision

Needs Improvement::

Requires concrete examples and additional supervision. The employee should be in compliance with the plan for improvement.

Unsatisfactory:

Requires supervision and has difficulty performing assigned tasks. The employee has not followed the planned program of improvement.

**COMPETENCIES**

**PERFORMANCE RATING**

*Rate each competency.*

**\*\*Locally Developed Practice must be attached\*\***

|                                              | Satisfactory | Needs Improvement | Unsatisfactory | Comments |
|----------------------------------------------|--------------|-------------------|----------------|----------|
| Appearance                                   |              |                   |                |          |
| Attendance                                   |              |                   |                |          |
| Communication                                |              |                   |                |          |
| Cooperation                                  |              |                   |                |          |
| Job Knowledge                                |              |                   |                |          |
| Public Relations                             |              |                   |                |          |
| Punctuality                                  |              |                   |                |          |
| Quality of Work                              |              |                   |                |          |
| Quantity of Work                             |              |                   |                |          |
| Utilization of Materials, Equipment & Safety |              |                   |                |          |

Additional Comments: \_\_\_\_\_

Plan for Improvement/Enhancement: \_\_\_\_\_

Supervisor's Signature

ID Number

Date

I understand that my signature indicates that I have received a copy of this appraisal and that my supervisor has discussed it with me during a **conference**.

Employee's Signature

Date

*Complete if applicable*

## Position

**Status As of Mid-Year  
Conference (PS, PNS, U)**

| Status At                 |              |
|---------------------------|--------------|
| Conclusion of School Year |              |
| Achieved                  | Not Achieved |

Initials and dates for preconference, mid-year and annual summary:

Evaluatee \_\_\_\_\_ / Evaluator \_\_\_\_\_ / Date \_\_\_\_\_ (Pre-Conference)

Evaluatee \_\_\_\_\_ / Evaluator \_\_\_\_\_ / Date \_\_\_\_\_ (Mid-Year)

Evaluate \_\_\_\_\_ / Evaluator \_\_\_\_\_ / Date \_\_\_\_\_ (Annual Summary)

complete all areas