

Last Name	First Name	Initial	Date Due
Class title			Location

<div> <div>Not Satisfactory</div> <div>Needs Improvement</div> <div>Satisfactory</div> <div>Above Average</div> <div>Outstanding</div> <div>No Opportunity to Observe</div> </div>						<div>FACTOR CHECK-LIST</div> <div>Immediate Supervisor Must Check Each Factor in the Appropriate Column</div>	<div>SECTION B – Record Job STRENGTHS and superior performance.</div> <div>(explain checks in Column Subject: d)</div>
☐	☐	☐			☐	1. OBSERVANCE OF WORK HOURS	EMPLOYEE RESPONSE
☐	☐	☐			☐	2. ATTENDANCE	
☐	☐	☐			☐	3. GROOMING & DRESS	
☐	☐	☐			☐	4. COMPLIANCE WITH RULES	
☐	☐	☐	☐	☐	☐	5. SAFETY PRACTICES	SECTION C – Record PROGRESS ACHIEVED in attaining previously set goals for improved work performance, for personal, or job qualification.
☐	☐	☐	☐	☐	☐	6. PUBLIC CONTACTS	
☐	☐	☐	☐	☐	☐	7. PUPIL CONTACTS	
☐	☐	☐	☐	☐	☐	8. EMPLOYEE CONTACTS	
☐	☐	☐	☐	☐	☐	9. KNOWLEDGE OF WORK	EMPLOYEE RESPONSE
☐	☐	☐	☐	☐	☐	10 WORK JUDGEMENTS	
☐	☐	☐	☐	☐	☐	11. PLANNING AND ORGANIZING	
☐	☐	☐	☐	☐	☐	12. JOB SKILL LEVEL	
☐	☐	☐	☐	☐	☐	13. QUALITY OF WORK	SECTION D – Record SPECIFIC goals or IMPROVEMENT PROGRAMS to be undertaken during next evaluation period.
☐	☐	☐	☐	☐	☐	14. VOLUME OF ACCEPTABLE WORK	
☐	☐	☐	☐	☐	☐	15. MEETING DEADLINES	
☐	☐	☐	☐	☐	☐	16. ACCEPTS RESPONSIBILITY	
☐	☐	☐	☐	☐	☐	17. ACCEPTS DIRECTION	EMPLOYEE RESPONSE
☐	☐	☐	☐	☐	☐	18. ACCEPTS CHANGE	
☐	☐	☐	☐	☐	☐	19. EFFECTIVENESS IN EMERGENCIES	
☐	☐	☐	☐	☐	☐	20. APPEARANCE OF WORK STATION	
☐	☐	☐	☐	☐	☐	21. OPERATION & CARE OF EQUIP.	EMPLOYEE RESPONSE
☐	☐	☐	☐	☐	☐	22. INITIATIVE	
☐	☐	☐	☐	☐	☐	ADDITIONAL FACTORS	
ADDITIONAL FACTORS:							
						EMPLOYEE RESPONSE	
<div> ☐ PERMANENT ☐ PROBATIONARY <div> ☐ First Report ☐ Second Report ☐ Final Report </div> ☐ UNSCHEDULED REPORT </div> <div> All permanent employees shall be evaluated annually. This evaluation shall be made not later than June 30 of each year. </div>						<div>SECTION E - Record Specific Work performance DEFICIENCIES or job Behavior requiring improvement or correction. (Explain checks in Column).</div> <div>EMPLOYEE RESPONSE</div>	
						SUMMARY EVALUATION – Check Overall Performance ☐ Above Average ☐ Not Satisfactory ☐ Needs Improvement ☐ Satisfactory ☐ Outstanding	

SIGN OFF

EMPLOYEE

I have:

- ☐ Read this completed evaluation.
- ☐ Discussed this evaluation with the evaluator on

Date

I understand that my signature does not necessarily indicate agreement.

Signature of Employee Date

- ☐ **I DO** wish to discuss this report with my evaluator's supervisor.
- ☐ **I DO NOT** wish to discuss this report with my evaluator's supervisor at this time.

EVALUATOR

I have:

- ☐ Regularly assessed the performance of the employee.
- ☐ Provided assistance when improvement of performance was needed.
- ☐ Discussed this evaluation with the employee.

FOR PROBATIONARY EMPLOYEES ONLY:

I recommend this employee for continuing employment.

- ☐ Yes ☐ No
- ☐ Uncertain

If **"NO"** contact the Associate Superintendent-Human Resources immediately.

Signature of Evaluator Date

Job Title

EVALUATOR'S SUPERVISOR

- ☐ **I AGREE** with this evaluation.
- ☐ **I DO NOT AGREE** and I have added my comments below.

Signature of Evaluator's Supervisor Job Title Date

Signature of Department Head/Site Administrator Job Title Date

Comments of Evaluator's Supervisor