

Non-Rep Performance Evaluation

Name _____

Date _____

Position _____

School _____

Evaluator Name _____

Annual Eval

New Employee 60 Day

Job Knowledge/Technical Skills

Unsatisfactory	Basic	Proficient	Distinguished
<input type="checkbox"/> Limited knowledge of work.	<input type="checkbox"/> Adequate knowledge of work.	<input type="checkbox"/> Well informed; general working knowledge and technical skills.	<input type="checkbox"/> Thorough working knowledge and technical skills; seeks opportunity for growth.
Comments			

Cooperation/Teamwork

Unsatisfactory	Basic	Proficient	Distinguished
<input type="checkbox"/> Frequently causes unrest or friction with others. Cooperates reluctantly.	<input type="checkbox"/> Some contributions to team.	<input type="checkbox"/> Cooperates and gets along well with others. Contributes to team efforts.	<input type="checkbox"/> Plays a leadership role in the success of the team efforts. Contributes to team significantly.
Comments			

Commitment to Quality

Unsatisfactory	Basic	Proficient	Distinguished
<input type="checkbox"/> Unacceptable and poor work quality. Frequent errors.	<input type="checkbox"/> Meets job requirements.	<input type="checkbox"/> Consistently gives best effort and completes work with accurate and high standards.	<input type="checkbox"/> Always gives best effort, exceeds quality standards, goes above and beyond expectations.
Comments			

Adaptability/Initiative

Unsatisfactory	Basic	Proficient	Distinguished
<input type="checkbox"/> Has difficulty in adjusting to new conditions and environments.	<input type="checkbox"/> Adapts to new and different conditions. Performs as directed.	<input type="checkbox"/> Shows initiative when presented with new or different conditions.	<input type="checkbox"/> Shows exceptional initiative and high adaptability to a variety of work assignments.
Comments			

Safety

Unsatisfactory	Basic	Proficient	Distinguished
<input type="checkbox"/> Creates unsafe working conditions for self and others and/or occasionally careless.	<input type="checkbox"/> Practices good safety habits.	<input type="checkbox"/> Promotes good safety habits.	<input type="checkbox"/> Implements exceptional safety practices, helps ensure safety of self and others.
Comments			

Communication

Unsatisfactory	Basic	Proficient	Distinguished
<input type="checkbox"/> Receives, understands, or interprets information incorrectly; lacks willingness or ability to express self appropriately.	<input type="checkbox"/> Generally understands and interprets information correctly; sometimes presents self in organized manner.	<input type="checkbox"/> Consistently understands and interprets information correctly and presents self in clear and organized manner.	<input type="checkbox"/> Exceptional communication and interpersonal skills.
Comments			

Dependability/Reliability

Unsatisfactory	Basic	Proficient	Distinguished
<input type="checkbox"/> Cannot be relied on, work must be closely supervised.	<input type="checkbox"/> Needs more supervision than others doing same work.	<input type="checkbox"/> Works well, requires minimal supervision.	<input type="checkbox"/> Justifies confidence; works well independently and shows exceptional reliability.
Comments			

Punctuality/Attendance

Unsatisfactory	Basic	Proficient	Distinguished
<input type="checkbox"/> Frequently late or absent.	<input type="checkbox"/> NA	<input type="checkbox"/> Acceptable punctuality and attendance.	<input type="checkbox"/> Models exceptional punctuality and attendance.
Comments			

Overall Comments

Overall Rating			
<input type="checkbox"/> Unsatisfactory (1)	<input type="checkbox"/> Basic (2)	<input type="checkbox"/> Proficient (3)	<input type="checkbox"/> Distinguished (4)

Signatures of both supervisor and employee are required. The signature below does not necessarily imply that the employee agrees with the preceding report, only that he or she has seen and discussed it with the evaluator and has been provided a copy. Employee may attach a statement.

Employee _____ Date _____

Evaluator _____ Date _____

Employee statement attached: _____ Yes _____ No