

STATE COLLEGE AREA SCHOOL DISTRICT
 Secretarial/Clerical/Paraprofessional Performance Evaluation

Employee: _____ Position: _____

Building: _____ School Year: _____ Date: _____

Rating: First Year Second Year Standard Supervisor: _____

Instructions: Each evaluator(s) must evaluate the employee in each required category listed by placing an X in the appropriate column (S = Satisfactory, U = Unsatisfactory). The evaluator has the option to place an X in one of the other areas: (C = Commendable or NI = Needs to Improve). Do not place an X on a line. Comments should be included on page

	S	U	C	NI
A. ATTITUDE				
1. Shows interest in work and meets requirements				
2. Practices ethical conduct				
3. Accepts new assignments willingly				
4. Readily accepts routine assignments				
B. DEPENDABILITY				
5. Attends regularly and punctually				
6. Works reliably without close supervision				
7. Is conscientious				
C. JUDGMENT/INITIATIVE				
8. Distinguishes priorities				
9. Displays problem solving ability				
10. Uses discretion in confidential matters				
11. Shows ability in analyzing facts and circumstances				
D. QUALITY OF WORK				
12. Performs work accurately				
13. Completes work thoroughly and neatly				
14. Works efficiently under pressure				
15. Produces acceptable volumes of work in a timely manner				
E. RELATIONSHIPS WITH PEOPLE				
16. Uses courtesy and relates well with public				
17. Relates well with students				
18. Works effectively with others				
19. Accepts suggestions and or criticism				
20. Uses courteous, helpful manners				

	S	U	C	NI
F. WORK HABITS				
21. Plans, organizes, and completes assignments				
22. Cares for equipment and supplies				
23. Uses time effectively and assists others as needed				
24. Is self motivated and seeks improvement				
25. Uses technology effectively to accomplish tasks				
26. Demonstrates professionalism				

Overall Evaluation: Satisfactory: _____ Unsatisfactory: _____
 (check one)

Evaluator Comments: (Specific comments must be included regarding any Unsatisfactory or Needs to Improve. When making comments, you may reference specific categories).

Employee Comments: (optional)

Evaluator Signature: _____ Date _____

Evaluator Position: _____

Employee Signature: _____ Date _____

Employee signature indicates having read, reviewed and discussed the Performance Evaluation form with the Evaluator. It does not indicate agreement.

copies to: Human Resources, Employee, Evaluator(s)