

**SOUTH SAN ANTONIO INDEPENDENT SCHOOL DISTRICT
5622 RAY ELLISON BLVD.
SAN ANTONIO, TEXAS 78242-2214**

FOOD SERVICE SUPERVISOR PERFORMANCE APPRAISAL

Name _____ Evaluation Period _____

Position _____ Department/Campus _____

Evaluator _____ Title _____

Rating Scale:

E	Exceeds Expectations	Performance exceeds expectations
P	Proficient	Performance meets expectations
I	Needs Improvement	Performance does not meet expectations
N/A	Not applicable	Performance is not expected

Directions: Use the above descriptors to rate each skill. Determine the overall job performance by reviewing all ratings.

GENERAL SKILLS				
1. Works cooperatively with others	E	P	I	N/A
2. Participates in meetings, training, and special events	E	P	I	N/A
3. Follows oral and written instructions from supervisor	E	P	I	N/A
4. Follows district policies and procedures	E	P	I	N/A
5. Provides safety and security for self and others	E	P	I	N/A
6. Completes assignments on time and accurately	E	P	I	N/A
7. Follows attendance and punctuality rules	E	P	I	N/A
8. Demonstrates appropriate job knowledge	E	P	I	N/A
9. Maintains neat and orderly work area	E	P	I	N/A
10. Uses, maintains, and stores work material properly	E	P	I	N/A
11. Identifies and responds to problems effectively	E	P	I	N/A
12. Communicates effectively	E	P	I	N/A

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SPECIALIZED SKILLS				
1. Properly accounts for cash receipts and food service inventory	E	P	I	N/A
2. Maintains high standards of food production safety and quality	E	P	I	N/A
3. Maintains safety and sanitation standards for kitchen and equipment	E	P	I	N/A
4. Provides effective training and supervision for assigned employees	E	P	I	N/A
5.	E	P	I	N/A
6.	E	P	I	N/A
Performance goals				
General comments				
Employee comments				
Overall performance rating (check one) <input type="radio"/> Exceeds expectations <input type="radio"/> Proficient <input type="radio"/> Needs improvement				
This evaluation has been discussed with me by my supervisor. I have read and received a copy of it.				
_____ Employee signature	_____ Date	_____ Evaluator signature	_____ Date	
_____ Reviewer signature			_____ Date	