



**CLASSIFIED EMPLOYEE PERFORMANCE EVALUATION REPORT FORM**

PERIOD OF REPORT \_\_\_\_\_ TO \_\_\_\_\_ END OF PROBATION \_\_\_\_\_

Employee's Name \_\_\_\_\_ Position \_\_\_\_\_

Location \_\_\_\_\_ Date \_\_\_\_\_

Evaluation (Check one):  1st probationary  2<sup>nd</sup> Probationary (optional)  Annual report  Special report

**PROBATIONARY EMPLOYEES:** Shall be evaluated within 90 days

**PERFORMANCE EVALUATION** will become part of the employee's personnel file, and will be considered in relation to continued employment, attainment of permanent classification, transfer, promotion, and dismissal or other disciplinary action.

Choose one: E—Exceeds District Standards M—Meets District Standards N—Needs to improve D—Does not meet District Standards

1. JOB KNOWLEDGE The employee possesses and maintains the required job skills.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:	E	M	N	D
2. QUALITY OF WORK The employee's work is accurate, neat, well-organized and thorough.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:	E	M	N	D
3. QUANTITY OF WORK, WORK HABITS & PRODUCTIVITY The employee works to potential, consistently completes schedules and maintains high productivity.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:	E	M	N	D
4. ATTENDANCE AND PUNCTUALITY The employee is regular in attendance and is punctual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:	E	M	N	D
5. ATTITUDE The employee exhibits interest, is cooperative and a successful team worker, and accepts and adapts to change.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:	E	M	N	D
6. INITIATIVE AND DEPENDABILITY The employee readily accepts responsibility and can be depended on to follow through on work assignments with minimum direction.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:	E	M	N	D

DISTRIBUTION:  Human Resources  Employee  Supervisor



<b>7. SAFETY</b> The employee consistently demonstrates proper usage and maintenance of equipment, adheres to both District and governmental safety protocols, and promptly reports any unsafe conditions. Additionally, when applicable employee will wear personal protective equipment and utilize appropriate gear as required.				
Comments:	<input type="checkbox"/> E	<input type="checkbox"/> M	<input type="checkbox"/> N	<input type="checkbox"/> D
<b>8. WORK RELATIONSHIPS</b> The employee demonstrates professionalism by maintain courteous and polite interactions with colleagues, parents, students, and visitors. They actively foster cooperation and willingly assist others whenever opportunities arise.				
Comments:	<input type="checkbox"/> E	<input type="checkbox"/> M	<input type="checkbox"/> N	<input type="checkbox"/> D
<b>Additional Comments:</b>   				

The Addendum to this form must be completed for permanent employees when this evaluation form has a rating of “Needs to Improve” or “Does Not Meet District Standards.” Employee must be reevaluated within 30 to 60 work days. When employee Meets District Standards they return to original two year evaluation cycle. If District standards have not been met, the 30-60 work day reevaluation cycle continues until district standards are met or other action is taken.

I  **DO**       **DO NOT RECOMMEND THAT THIS EMPLOYEE BE CONTINUED IN EMPLOYMENT.** (Probationary employees only. If checked the supervisor contacts the Classified Director of Human Resources).

\_\_\_\_\_

*Supervisor's Signature*      *Position Title*      *Date*

**EMPLOYEE:** I have seen this evaluation report, and it has been discussed with me. I understand my signature does not necessarily mean my complete agreement with all factors of the evaluation. (The employee may append comments to this evaluation by submitting them in writing within 30 days to Human Resources.)

\_\_\_\_\_

*Employee's Signature*      *Position Title*      *Date*

**DISTRIBUTION:**       Human Resources       Employee       Supervisor



## ADDENDUM TO CLASSIFIED EMPLOYEE PERFORMANCE EVALUATION REPORT FORM

This form must be completed when the Permanent Employees Performance Evaluation includes a rating of "Needs to Improve" or "Does Not Meet District Standards." Employee must be re-evaluated within 30 to 60 calendar days. When employee Meets District Standards they return to original two year evaluation cycle. If District standards have not been met, the 30-60 day work day reevaluation cycle continues until district standards are met or other action is taken.

Employee's Name \_\_\_\_\_

Position \_\_\_\_\_

Location \_\_\_\_\_

Date \_\_\_\_\_

Specific area(s) in which the employee does not meet job expectations:

Improvement Plan:

\_\_\_\_\_  
*Supervisor's Signature*                      *Position Title*                      *Date*

**EMPLOYEE:** I have seen this evaluation report, and it has been discussed with me. I understand my signature does not necessarily mean my complete agreement with all factors of the evaluation. (Employees may append comments to this evaluation by submitting them in writing within 30 days to Human Resources)

\_\_\_\_\_  
*Employee's Signature*                      *Position Title*                      *Date*

**DISTRIBUTION:**     Human Resources             Employee             Supervisor



## EVALUATION CATEGORY DEFINITIONS

1. **JOB KNOWLEDGE**  
The employee possesses and maintains the required job skills.
2. **QUALITY OF WORK**  
The employee's work is accurate, neat, well-organized and thorough.
3. **QUANTITY OF WORK, WORK HABITS, AND PRODUCTIVITY**  
The employee works to potential, consistently completes schedules and maintains high productivity.
4. **ATTENDANCE AND PUNCTUALITY**  
The employee is regular in attendance and is punctual.
5. **ATTITUDE**  
The employee exhibits interest, is cooperative and a successful team worker, and accepts and adapts to change.
6. **INITIATIVE AND DEPENDABILITY**  
The employee readily accepts responsibility and can be depended on to follow through on work assignments with minimum direction.
7. **SAFETY**  
The employee uses and cares for equipment properly, adheres to District and governmental guidelines for safety procedures, and reports unsafe conditions. When applicable, the employee wears personal protection and uses proper equipment.
8. **WORK RELATIONSHIPS**  
The employee is courteous and polite to staff, parents, students and visitors, is cooperative and assists others whenever possible.
9. **SUPERVISORY ABILITY**  
Is fair and impartial; demonstrates effective leadership, decision making, training and instruction of subordinates; initiates planning; effectively assigns, praises, disciplines and evaluates personnel and satisfactorily completes work assigned.\

Proficiency in training employees and in planning, organizing, laying out and getting out work, leadership; promptness of action, soundness of decision; application of good management principles.

## EVALUATION RANKING DEFINITIONS

### Exceeds District Standards

The employee's job performance during the evaluation period has exceeded expectations; the employee's performance exceeds that which is normally required, definitely exceptional.

### Meets District Standards

The employee's job performance during the evaluation period has met expectations; the employee's performance meets that which is normally required.

### Needs to Improve

The employee's job performance during the evaluation period needs improvement and has not met expectations; therefore, an improvement plan will be established.

### Does Not Meet District Standards

The employee's job performance during the evaluation period has not met minimum expectations, or, where applicable, the goals set in an improvement plan were not met.