

FIRST PROBATIONARY
 FINAL PROBATIONARY
 PERMANENT EMPLOYEE

**CENTRAL UNIFIED SCHOOL DISTRICT
 PERFORMANCE REPORT - CLASSIFIED**

Original PERSONNEL OFFICE
 COPY 2 EMPLOYEE
 COPY 3 EVALUATOR

EMPLOYEE NAME	EMPLOYEE NO.	LOCATION NAME	LOCATION NO.
POSITION TITLE	DATE OF HIRE	IF UNSCHEDULED REPORT	DUE DATE
		CHECK HERE <input type="checkbox"/>	DATE OF EVALUATION

SECTION A Factor Check List.
 Immediate Supervisor must check each factor in the appropriate column.

A. Unsatisfactory			
B. Requires Improvement			
C. Meets Standards			
D. Exceeds Standards			
			1. Observance of Work Hours
			2. Attendance
			3. Grooming and Dress
			4. Compliance with Rules
			5. Safety Practices
			6. Public Contacts
			7. Pupil Contacts
			8. Employee Contacts
			9. Knowledge of Work
			10. Work Judgments
			11. Planning and Organizing
			12. Job Skill Level
			13. Quality of Work
			14. Volume of Acceptable Work
			15. Meeting Deadlines
			16. Accepts Responsibility
			17. Accepts Direction
			18. Accepts Change
			19. Effectiveness Under Stress
			20. Appearance of Work Stations
			21. Operation and Care of Equipment
			22. Work Coordination
			23. Initiative
			24. (Additional Factors)
			25.
			26.
			27.
			28.
			29.

SECTION B Record job STRENGTHS and SUPERIOR performance incidents.

SECTION C Record PROGRESS ACHIEVED in attaining previous set goals for improved work performance, for personal, or job related qualifications.

SECTION D Record specific GOALS or IMPROVEMENT PROGRAMS to be undertaken during next evaluation period. May indicate "see attached." Performance Report Supplement may be completed and attached.

SECTION E Record specific work performance DEFICIENCIES or job behavior requiring improvement or correction. (Explain checks in Col. A) May indicate "see attached." Performance Report Supplement must be completed and attached.

SUMMARY EVALUATION - Check Overall Performance
 Unsatisfactory Requires Improvement Meets Standards Exceeds Standards

SUPERVISOR:
 (A) Recommend employee be retained in probationary status subject to final probationary evaluation. Yes No
 (B) Recommend employee be granted permanent status. Yes No
 (C) Recommend employee be given notice of disciplinary action. Yes No
 (D) Recommend employee be terminated from this position. Yes No

Supervisor's Signature Print Name/Title Date

REVIEWER: (If none so indicate)

Reviewer's Signature Print Name/Title Date

EMPLOYEE: I certify that this report has been discussed with me. I understand my signature does not necessarily indicate agreement and that I may attach a written response/statement to my evaluation.

Employee's Signature Print Name/Title Date

FOR EMPLOYEES WHO SUPERVISE OTHERS

			30. Planning and Organizing
			31. Scheduling and Coordinating
			32. Training and Instructing
			33. Productivity
			34. Evaluating Subordinates
			35. Judgments and Decisions
			36. Leadership
			37. Operational Economy
			38. Supervisory Control
			39. (Additional Factors)
			40.