SAN BENITO CISD
CLERICAL EVALUATION REPORT
20__-20__ SCHOOL YEAR

Date: _____
Employee Name: _____
Employee ID #: _____
Title: _____
Pay Grade: _____
Reports To:

STATEMENT OF PURPOSE

The purpose of this instrument is to inform the employee of the strengths and weaknesses in his/her assignment as viewed by the Principal and/or Supervisor. The information is obtained by direct and/or indirect observation by the evaluator during the term of the school year.

Performance shall be evaluated as follows:

1 Unsatisfactory:	If the performance is clearly not acceptable in some major areas
2 Below Expectations:	If the performance needs improvement in some major areas
3 Satisfactory:	If the performance meets expectations
4 Exceeds Expectations:	If the performance excels in some major areas
5 Clearly Outstanding	If the performance excels in all major areas

NOTE: A rating of 1, 2, or 5 in any block requires written justification.		**SCORE**
QUESTION 1.	Is this person neat and clean in dress and appearance appropriate to assignment?	
Comments:		
QUESTION 2.	Is this person tactful and courteous?	
Comments:		
QUESTION 3.	Has this person shown definite evidence of initiative and resourcefulness?	
Comments:		
QUESTION 4.	Does this person maintain a high level of ethical behavior and demonstrate the ability to handle confidential information?	
Comments:		
QUESTION 5.	Does this person adhere to District policies and procedures?	
Comments:		
QUESTION 6.	Does this person get along well with students, parents and staff members?	
Comments:		
QUESTION 7.	Is this person receptive to constructive criticism and demonstrate initiative in improving his/her performance?	
Comments:		
QUESTION 8.	Does this person perform all duties as assigned in a timely and accurate manner?	
Comments:		
QUESTION 9.	Is this person reliable and punctual?	
Comments:		
QUESTION 10.	Is this person proficient in his/her ability as a typist, computer operator, and/or other general clerical duties?	
Comments:		
Evaluator Comments:		

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I ☐ recommend ☐ do not recommend for re-employment

SUPERVISOR'S NAME (please print) _____ SUPERVISOR'S SIGNATURE _____

I have reviewed this document as it applies to my evaluation. My signature below verifies my knowledge of this evaluation.

EMPLOYEE'S NAME (please print) _____ EMPLOYEE'S SIGNATURE _____