SAN BENITO CISD

PROFESSIONAL PERFORMANCE EVALUATION

20__ - 20__ SCHOOL YEAR

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

NON TEACHING PROFESSIONAL PERFORMANCE APPRAISAL

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

		SCORE
QUESTION 1	Accepts Responsibility for Program Implementation	
QUESTION 2	Accuracy of Reports	
QUESTION 3	Cooperation	
QUESTION 4	Dissemenation of Information	
QUESTION 5	Knowledge of Programs	
QUESTION 6	Offering Solutions to Problems	
QUESTION 7	Professional Conduct	
QUESTION 8	Punctuality of Reports	
Evaluator's Comments:		

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 _____