Santa Maria Joint Union
HIGH SCHOOL DISTRICT

CLASSIFIED PROBATIONARY EMPLOYEE EVALUATION

Employee Name	_____	School Site	_____
Job Title	_____	Evaluator Name	_____
Hire Date	_____	Last Day of Probation	_____

INSTRUCTIONS TO EVALUATOR: Refer to the employee's current job description when completing this evaluation. The evaluation shall focus on the employee's performance of the duties and responsibilities of the assigned classification. Use this same form for both probationary evaluations. Complete the first evaluation at 2 months or 40 workdays, whichever is greater, and the second evaluation at 4 months or 80 workdays, whichever is greater. Rate each performance area using the following scale: **1** = Standard Not Met **2** = Needs Improvement **3** = Meets Standard. *A less-than-satisfactory performance evaluation requires an Improvement Plan in accordance with Article 12 of the CSEA collective bargaining agreement.*

PERFORMANCE AREA / STANDARD	2 Months / 40 Workdays			4 Months / 80 Workdays		
	Date: _____			Date: _____		
	1	2	3	1	2	3
QUANTITY / PRODUCTIVITY OF WORK The extent to which the employee completes assigned duties and responsibilities within expected timeframes.	☐	☐	☐	☐	☐	☐
QUALITY OF WORK The extent in which the employee's work is accurate, thorough, effective, and meets expected standards.	☐	☐	☐	☐	☐	☐
JOB KNOWLEDGE & SKILLS The extent to which the employee demonstrates the knowledge and skills necessary to perform the duties of the assigned classification, considering the employee's length of time in the position.	☐	☐	☐	☐	☐	☐
PERFORMANCE OF ASSIGNED JOB DUTIES The extent to which the employee satisfactorily performs the duties and responsibilities identified in the employee's job description and other duties appropriately assigned.	☐	☐	☐	☐	☐	☐
RESPONSE TO SUPERVISION The extent to which the employee follows supervisory direction, responds appropriately to feedback, and seeks clarification or assistance when needed.	☐	☐	☐	☐	☐	☐
COOPERATION, COMMUNICATION & PROFESSIONALISM The extent to which the employee works cooperatively and communicates effectively and professionally with others, as applicable to the assignment.	☐	☐	☐	☐	☐	☐
ATTENDANCE & RELIABILITY The extent to which the employee reports to work as scheduled and on time, demonstrates reliability, and follows established absence/tardiness reporting procedures.	☐	☐	☐	☐	☐	☐

FIRST EVALUATION: 2 MONTHS / 40 WORKDAYS

Strengths:

Areas for Improvement:

Evaluator Comments:

Improvement Plan: ☐ Required - Attached

Evaluator Signature/Date _____

Employee Signature/Date _____

Employee signature acknowledges receipt and does not necessarily indicate agreement or concurrence. ☐ Employee declined/refused to sign.

SECOND EVALUATION: 4 MONTHS / 80 WORKDAYS

Strengths:

Areas for Improvement:

Evaluator Comments:

Improvement Plan: ☐ Required - Attached

Evaluator Signature/Date _____ **Employee Signature/Date** _____

Employee signature acknowledges receipt and does not necessarily indicate agreement or concurrence. ☐ Employee declined/refused to sign.

EMPLOYEE COMMENTS (Please include date; attach additional paper if necessary):

EVALUATOR COMMENTS (Please include date; attach additional paper if necessary):

FINAL PROBATIONARY RECOMMENDATION

To be completed at the final evaluation prior to the end of the probationary period.

☐ I recommend that this probationary employee become permanent and continuous upon successful completion of the probationary period.

☐ I recommend that this probationary employee be dismissed prior to completion of the probationary period and will submit the appropriate documentation to Human Resources.

☐ Employee resigned prior to completion of the probationary period.

HUMAN RESOURCES USE

Date Received: _____ ☐ Evaluation Complete ☐ Improvement Plan Attached, if required