

CLASSIFIED EMPLOYEE PERFORMANCE EVALUATION

EMF	P NAME:	EMP ID:	SECTION A		COMPETENT / MEETS STANDARDS	'EMENT	RY	Ч
JOB	TITLE:	DATE DUE:	Any checks indicated in <u>Needs to Improve</u> and/or	DING	./ MEET	IPROV	ACTO	т арргу
SITE	/ DEPT:	Annual / Month D Sth D Annual /	explained in Section E.	OUTSTANDING	COMPETENT	NEEDS IMPROVEMENT	UNSATISFACTORY	DOES NOT
GE	NERAL S	SKILLS			_			
1 (Complies	s with all policies, regulations and procedures.		n/a				
2	Maintains a good attendance record.							
3	Observes time/work schedules.							
Presents an appropriate appearance.								
5 Uses materials/equipment safely and economically.								
6	Plans, org	rganizes, and prioritizes work effectively.						
7	Relates re	respectfully and courteously to students.						
8 Responds to need of community/parents/teachers in a professional manner.								
Works courteously and relates effectively with fellow employees.								
10	Exhibits ability to work independently.							
11	Accepts change and demonstrates flexibility.							
12 Completes satisfactory volume of work within a reasonable time frame.								
13 Demonstrates ability to make independent judgments.								
14 Willingly accepts suggestions/directions.								
15 Shows interest in self-improvement.								
16 Understands department/school objectives and works to achieve them.								
17 Keepe lines of communication open between self and currenties								

17	Keeps lines of communication open between self and supervisor.							
ADDITIONAL FACTORS FOR SUPERVISORS								
18	Planning and organizing.							
19	Training and Instructing.							
20	Judgments and decisions.							
21	Leadership/Supervisory control.							
22	Evaluating subordinates.							
23	Fiscal management.							
24	Productivity.							

	SUMMARY EVALUATION: Check OVERALL performance							
	Outstanding	Competent / Meets Standards	Needs to Improve	Unsatisfactory				
*Overall rating below "Competent/Meets Standards" will NOT be forwarded to the employee's Personnel File for ten (10) working days after receipt of his/her copy.								
Click here for instructions on how to complete this form See next page for comments and signature								

SECTION B: Record job <u>STRENGTHS</u> and superior performance.
SECTION C: Record PROGRESS ACHIEVED in attaining previously set goals for improved work performance for personal or job qualification.
SECTION D: Record specific GOALS OR IMPROVEMENT PROGRAMS to be undertaken during the next evaluation period.
SECTION E: Record specific work performance DEFICIENCIES or job behavior requiring improvement or correction. Explain checks in Column D.
ADDITIONAL COMMENTS:

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I certify that this report has been discussed with me. I understand that my signature does not necessarily indicate agreement.

Signature:	
Date:	

Date:		

	EVALUATER:	
Signature:		FOR 5TH MONTH EVALUATION
Print Name:		DIDO DIDONOT
Title:		recommend this employee be
Date:		granted permanent status.
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