



Employee Name: _____

School/Department: _____

Job Title: _____

Probationary Evaluation Report

Due within 90 days of the hire date

Periodic Evaluation Report

Annual Evaluation Report

Due in May and includes new hires

Classified Employee Performance Evaluation

Section A: Factor Check List Immediate supervisor must check each factor in the appropriate column.

NS= Not Satisfactory, **BE=Below Expectations, ME= Meets Expectations, NA=Not Applicable (**BE marks must be explained on a Plan of Improvement)

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|-----------------------------|-------------------------------|-------------------------------------|
| 1) Observance of work hours | 9) Knowledge of work | 17) Accepts direction |
| 2) Attendance | 10) Work judgements | 18) Accepts changes |
| 3) Grooming | 11) Planning and organizing | 19) Effectiveness under stress |
| 4) Compliance with rules | 12) Job skill level | 20) Appearance of work station |
| 5) Safety practices | 13) Quality of work | 21) Operation and care of equipment |
| 6) Public contacts | 14) Volume of acceptable work | 22) Work condition |
| 7) Pupil contacts | 15) Meeting deadlines | 23) Initiative |
| 8) Employee contacts | 16) Accepts responsibility | 24) Job description compliance |

**No. 25-34: Additional Factors for Evaluation of Supervisors*

- 25) Scheduling and coordinating
- 26) Training and instructing
- 27) Productivity
- 28) Evaluating subordinates
- 29) Judgements and decisions
- 30) Leadership
- 31) Operational economy
- 32) Supervisory control

<p>Section B: Record job STRENGTHS</p>	<p>**Section C: Record PROGRESS ACHIEVED in attaining previously set goals for improved work performance for person or job qualifications (**BE marks must be explained on a Plan of Improvement)</p>	<p>**Section D: Record specific Goals to be undertaken during evaluation period (**BE marks must be explained on a Plan of Improvement)</p>	<p>Section E: Comments</p>
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Summary Evaluation: **Meets Standard in All Areas** ****Below Expectations in Number(s)** **Not Satisfactory, Employee not recommended for**
(in Section A) ****See Plan of Improvement** **continuing employment.**

Reviewer:

Reviewer/Employee: This report has been discussed. We understand that the employee's signature does not indicate agreement. We understand if we disagree, the employee has the right to submit a written commentary to be attached to this form and included in his/her personnel file. **Record the noteworthy elements of the Evaluation Review, including specific suggestions, goals and objectives to be achieved and schedule of activities to be undertaken:**

Employee Signature: _____

Date: _____

Reviewer Signature: _____

Date: _____