

College Place Public Schools

CLASSIFIED EMPLOYEE PERFORMANCE EVALUATION

Name _____ Position _____ Date _____

School _____ Supervisor _____

CODES:

EE = Exceeds Expectations

ME = Meets Expectations

NI = Needs Improvement

U = Unsatisfactory

Evaluation: Indicate the rating of each area by placing the code that most closely describes the employees work performance.

MASTERY OF JOB	CODE	ATTITUDE ABOUT JOB	CODE
1. KNOWLEDGE OF JOB: Demonstrates & possesses technical knowledge and/or skills required to perform job. Has a thorough understanding of entire job responsibility.		1. JOB ATTITUDE: Presents and maintains a positive attitude. Demonstrates a willingness to support district rules, school and departmental activities.	
2. QUANTITY OF JOB PERFORMANCE: Extent to which employees efforts are consistent with the amount of work required by this job.		2. ATTENDANCE/PUNCTUALITY: Faithfulness in coming to work daily and adherence to assigned hours and schedules of work. Conscientious of attendance, breaks, and assigned duty schedules.	
3. QUALITY OF JOB PERFORMANCE: The extent to which task performed meets standards of quality expected of the job. Thoroughness, accuracy, neatness, correct care of equipment and materials. Adheres to all job safety procedures.		3. ABILITY TO RELATE WITH STUDENTS: Is sensitive to individual students needs and demonstrates an understanding of, and commitment to, each student's background and characteristics.	
4. DEPENDABILITY: Reliability and the degree to which an employee remains on job, carries out instructions and completes assigned tasks. Works with minimal supervision and is confidential with appropriate school matters.		4. PERSONAL APPEARANCE AND HYGIENE: Appearance and hygiene are appropriate to his/her specific job in the public school setting.	
5. INITIATIVE: Perceives the need for starting independent action. Demonstrates willingness to exceed minimal performance required by job. Originates well throughout procedures/activities and completes assigned responsibilities with minimal direction.		5. INTERPERSONAL RELATIONSHIPS: Demonstrates cooperative behavior with other staff and their immediate supervisor.	
6. STABILITY: Extent to which employee is able to adjust to differing and new situations. Withstands pressure and remains calm in crisis situations.			

EFFORT TOWARD IMPROVEMENT WHEN NEEDED: Demonstrates an awareness of his or her limitations and strengths, and demonstrates continued professional growth.

(circle) EE ME NI U

*****Evaluator must explain, using corrective statements (objectives), any Needs Improvement or Unsatisfactory Ratings. (over)**

SIGNATURE OF EVALUATOR(S)

This report is based on my observation and knowledge. It represents my best judgement of this employee's performance.

Evaluator's Signature Title Date

Principal's or Administrator's Signature Date

SIGNATURE OF PERSON EVALUATED

I have reviewed this report. My signature does not necessarily indicate agreement with the rating, however, I realize that my rating of needs improvement or unsatisfactory may lead to termination.

Employee's Signature Title Date

This evaluation is required to be reviewed by Superintendent if a Needs Improvement or Unsatisfactory rating is given.

Reviewed by: _____
Superintendent Date

EVALUATOR'S COMMENTS

(*Evaluator should explain any Needs Improvement or Unsatisfactory ratings)

EMPLOYEE'S COMMENTS: