

PERSONNEL EVALUATION REPORT CLASSIFIED PERSONNEL

USE INK OR TYPEWRITER
FOR FINAL MARKINGS

Evaluation Period:

Employee Name					Location (school or department)									
Class Title			Employee Status <input type="checkbox"/> Permanent <input type="checkbox"/> Probationary		If Unscheduled Report <input type="checkbox"/> Check Here			Due Date						
SECTION A					SECTION B Record job STRENGTHS & superior performance.									
FACTOR CHECK LIST					SECTION C Records PROGRESS ACHIEVED in attaining previously set goals for improved work performance, for personal or job qualifications. SECTION D Record specific GOALS or IMPROVEMENT PROGRAMS to be undertaken during next evaluation period. SECTION E Record Specific work performance DEFICIENCIES or job behavior requiring improvement or correction. (Explain checks in column "a")									
a Not Satisfactory	b Requires Improvement	c Effective—Meets Stds.	d Exceeds Standards	e Does Not Apply						Immediate Supervisor Must Check Each Factor in the Appropriate Column				
										1.	Observance of Work Hours			
										2.	Attendance			
										3.	Grooming & Dress			
										4.	Compliance with Rules			
										5.	Safety Practices			
										6.	Public Contacts			
										7.	Pupil Contacts			
										8.	Employee Contacts			
										9.	Knowledge of Work			
										10.	Work Judgements			
										11.	Planning & Organizing			
										12.	Job Skill Level			
										13.	Quality of Work			
										14.	Volume of Acceptable Work			
										15.	Meeting Deadlines			
										16.	Acceptance of Responsibility			
										17.	Acceptance of Direction			
										18.	Acceptance of Change			
										19.	Effectiveness under Stress			
										20.	Appearance of Work Station			
										21.	Operation & Care of Equipment			
					22.	Work Coordination								
					23.	Initiative								
FACTORS NOT LISTED IN ABOVE SECTIONS					SUMMARY EVALUATION – Check Overall Performance									
					<input type="checkbox"/> Not Satisfactory	<input type="checkbox"/> Requires Improvement	<input type="checkbox"/> Effective Meets Standards	<input type="checkbox"/> Exceeds Standards						
RATER: <input type="checkbox"/> I DO <input type="checkbox"/> I DO NOT					Recommend Permanent Status									
Signature: _____			Title: _____		Date: _____									
REVIEWER: (if none, so indicate)														
Signature: _____			Title: _____		Date: _____									
EMPLOYEE: I certify that this report has been discussed with me. I wish to <input type="checkbox"/> I do not wish to <input type="checkbox"/> appeal this evaluation according to procedure.														
Comments: _____														
Signature: _____					Date: _____									

CHECKS IN COLUMN "a" MUST BE EXPLAINED IN SECTION E. If additional space is needed for comments, use separate sheet.

Distribution: White – Classified Personnel; Yellow – Employee; Pink – School/Department (retain)

Revised 10-16-01