

# Unit 5

# EVALUATION REPORT

 Employee: Click here to enter text. Job Title: Click here to enter text.

 Employee ID #: Click here to enter text. Location: Click here to enter text.

 Supervisor: Click here to enter text. Date of Evaluation: Click here to enter text.

 (To be completed annually for employee)

|  | **EXCEEDS****Expectations** | **MEETS** **Expectations** | **BELOW****Expectations** | **NEEDS****Improvement** |  Illustrative Examples(Required if rating is below expectations or improvement needed) |
| --- | --- | --- | --- | --- | --- |
| JOB PERFORMANCE (See Attachment) |
| Regularly demonstrates high quality work as well as high levels of productivity | [ ]   |[ ] [ ] [ ]  Click here to enter text. |
| Thinks creatively to solve problem | [ ]  |[ ] [ ] [ ]  Click here to enter text. |
| Performs duties in a safe manner | [ ]  |[ ] [ ] [ ]  Click here to enter text. |
| Meets deadlines when required | [ ]  |[ ] [ ] [ ]  Click here to enter text. |
| Accepts direction/supervision | [ ]  |[ ] [ ] [ ]  Click here to enter text. |
| Demonstrates knowledge of job requirements and plans tasks appropriately |[ ]  [ ]  |[ ] [ ]  Click here to enter text. |
| Provides appropriate direction and training to others |[ ] [ ] [ ] [ ]  Click here to enter text. |
| Takes initiative | [ ]  |[ ] [ ] [ ]  Click here to enter text. |
| Portrays a positive image to the public | [ ]  |[ ] [ ] [ ]  Click here to enter text. |
| Works cooperatively with staff | [ ]  |[ ] [ ] [ ]  Click here to enter text. |
| Seeks training development opportunities |[ ]  [ ]  |[ ] [ ]  Click here to enter text. |
| Adapts to changing situations/priorities | [ ]  |[ ] [ ] [ ]  Click here to enter text. |
| Follows District policies and procedures | [ ]  |[ ] [ ] [ ]  Click here to enter text. |
| JOB PERFORMANCE  |
|  **Work Habits:** (See Attachment) |
| Reports to work on time | [ ]  |[ ] [ ] [ ]  Click here to enter text. |
| Is regular in attendance | [ ]  |[ ] [ ] [ ]  Click here to enter text. |
| Protects District equipment and tools | [ ]  |[ ] [ ] [ ]  Click here to enter text. |
| Demonstrates cost responsibility |[ ] [ ] [ ] [ ]  Click here to enter text. |
| Requests assistance when needed | [ ]  |[ ] [ ] [ ]  Click here to enter text. |

**SUPERVISOR COMMENTS/FEEDBACK:**

**EMPLOYEE COMMENTS/FEEDBACK:**

 *I have reviewed the above and have the following comments:*

**(FOR PROBATIONARY EMPLOYEES ONLY)**

WOULD YOU RECOMMEND THIS PERSON FOR CONTINUED EMPLOYMENT? [ ]  YES [ ]  NO

**Signature of Employee:**  **Date:**

**Signature of Supervisor:**  **Date:**

 **Copies to:**

[ ]  Supervisor [ ] Principal/Administrator

[ ]  Employee [ ] Personnel File