



## Unit 11 & 3C EVALUATION REPORT

Employee: [Click here to enter text.](#)  
 Employee ID #: [Click here to enter text.](#)  
 Supervisor: [Click here to enter text.](#)

Job Title: [Click here to enter text.](#)  
 Location: [Click here to enter text.](#)  
 Date of Evaluation: [Click here to enter text.](#)  
 (To be completed every 3 months for probationary  
 EE or annually for permanent EE)

	EXCEEDS Expectations	MEETS Expectations	BELOW Expectations	NEEDS Improvement	<i>Illustrative Examples</i>  (Required if rating is below expectations or improvement needed)
<b>JOB PERFORMANCE</b> (See Attachment)					
Regularly demonstrates high quality work as well as high levels of productivity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<a href="#">Click here to enter text.</a>
Thinks creatively to solve problem	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<a href="#">Click here to enter text.</a>
Performs duties in a safe manner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<a href="#">Click here to enter text.</a>
Meets deadlines when required	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<a href="#">Click here to enter text.</a>
Accepts direction/supervision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<a href="#">Click here to enter text.</a>
Demonstrates knowledge of job requirements and plans tasks appropriately	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<a href="#">Click here to enter text.</a>
Provides appropriate direction and training to others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<a href="#">Click here to enter text.</a>
Takes initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<a href="#">Click here to enter text.</a>
Portrays a positive image to the public	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<a href="#">Click here to enter text.</a>
Works cooperatively with staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<a href="#">Click here to enter text.</a>
Seeks training development opportunities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<a href="#">Click here to enter text.</a>
Adapts to changing situations/priorities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<a href="#">Click here to enter text.</a>
Follows District policies and procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<a href="#">Click here to enter text.</a>

	EXCEEDS Expectations	MEETS Expectations	BELOW Expectations	NEEDS Improvement	<i>Illustrative Examples</i> (Required if rating is below expectations or improvement needed)
<b>JOB PERFORMANCE</b>					
<b>Work Habits:</b> (See Attachment)					
Reports to work on time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.
Is regular in attendance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.
Protects District equipment and tools	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.
Requests assistance when needed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	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