

# 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