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# Unit 7 FOOD SERVICE

#  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.

|  | ExceedsExpectations | MeetsExpectations | ImprovementNeeded | BelowExpectations |  |  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 problems | [ ]  |[ ] [ ] [ ]  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. |
| Demonstrates proper accountability procedures |[ ] [ ] [ ] [ ]  Click here to enter text. |
| Practices established sanitation techniques and care of equipment | [ ]  |[ ] [ ] [ ]  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. |
| Adapts to changing situations / priorities | [ ]  |[ ] [ ] [ ]  Click here to enter text. |
| Follows District policies and procedures |[ ]  [ ]  |[ ] [ ]  Click here to enter text. |
| WORK HABITS (**See Attachment)** |
| Reports to work on time | [ ]  |[ ] [ ] [ ]  Click here to enter text. |
| Is regular in attendance | [ ]  |[ ] [ ] [ ]  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:**

 (Please print and then sign)

 **Copies to:**

[ ]  Supervisor [ ]  Principal/Administrator

[ ]  Employee [ ]  Personnel File