**Assistant/ATTENDANT/MONITOR**

**SUMMER School Evaluation Form**

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.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Evaluation Criteria** | **Exceeds Expectation** | **Satisfactory**  | **Needs Improvement**  | **Unsatisfactory**  | **Comments** |
| **Job Performance** |
| 1. The employee is in regular daily attendance.
 |[ ] [ ] [ ] [ ]  Click here to enter text. |
| 1. The employee is appropriately dressed for their assigned tasks.
 |[ ] [ ] [ ] [ ]  Click here to enter text. |
| 1. The employee shows independent initiative.
 |[ ] [ ] [ ] [ ]  Click here to enter text. |
| 1. The employee is punctual in attendance and in completing assigned tasks.
 |[ ] [ ] [ ] [ ]  Click here to enter text. |
| 1. The employee works well with other staff members.
 |[ ] [ ] [ ] [ ]  Click here to enter text. |
| 1. The employee works well and communicates properly with students.
 |[ ] [ ] [ ] [ ]  Click here to enter text. |
| 1. The employee is receptive to supervision.
 |[ ] [ ] [ ] [ ]  Click here to enter text. |
| 1. The employee continues to learn and improve.
 |[ ] [ ] [ ] [ ]  Click here to enter text. |
| 1. The employee is knowledgeable of job expectations.
 |[ ] [ ] [ ] [ ]  Click here to enter text. |
| 1. The employee preforms instructional duties.
 |[ ] [ ] [ ] [ ]  Click here to enter text. |
| 1. The employee preforms non-instructional duties.
 |[ ] [ ] [ ] [ ]  Click here to enter text. |
| 1. The employee respects confidentiality.
 |[ ] [ ] [ ] [ ]  Click here to enter text. |

1. List any strengths that you feel merit comment. Click here to enter text.
2. List any concerns you feel require attention. Click here to enter text.

 14. b. What alternate suggestions have been made to the employee to help him/her alleviate these concerns?

 Click here to enter text.

1. List an area where the employee is deficient and where they require improvement.

Click here to enter text.

 15. b. What alternate suggestions have been made to the employee to improve his/her performance?

 Click here to enter text.

**(FOR PROBATIONARY EMPLOYEES ONLY)**

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

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

 (Signature indicates employee has read the evaluation)

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

 **Copies to:**

 [ ] Supervisor [ ] Principal/Administrator

 [ ] Employee [ ] Personnel File