

# Unit 9

# EVALUATION REPORT

Date:

Employee Name:

Building/Department:       Job Title:

Immediate Supervisor:       Length of Time in Present Position:

Rater/Evaluator:       Rater’s Title:

**EVALUATION PURPOSES:**

The purpose of this evaluation is to identify an employee’s strengths and needs, as well as outline a program for improvement where indicated. Evaluations provide a history of development, progress and job performance.

**INSTRUCTIONS:**

The following traits, abilities and characteristics are important for effective performance. The evaluator shall check the appropriate box relative to the rating scale next to the descriptive phrase which most nearly describes the employee’s performance. Any rating less than an average (2) will require a written explanation by the evaluator (indicate on page 2 or attach to the evaluation).

**ATTENDANCE RECORD DURING THE REVIEW PERIOD:**

Leaves of Absence (without pay)       Tardiness

***Days Used:*** Personal days       Personal Illness days       Family Illness days       Vacation days

**WORK PERFORMANCE RUBRIC:** Please utilize the rubric to complete the evaluation below.

|  |
| --- |
| **(*4*) Above Average:** Completes all job expectations with excellence. |
| **(*3*) Average:** Consistently and/or frequently meets the job expectations. |
| **(*2*) Needs Improvement:** Needs to grow in meeting the job expectations. |
| **(*1*) Unacceptable:** Does not meet the job expectations. |

**EMPLOYEE EVALUATION:**

**4 3 2 1**

***1.*** Understands completely the scope/responsibilities of employee’s work.

***2.*** Displays respect for confidentiality with District and building matters.

***3.*** Shows initiative and is punctual and maintains reliable/dependable attendance in the position which enhances job performance.

***4.*** Works effectively and cooperatively under pressure to meet the deadlines and accommodate procedural change.

***5****.* Works with colleagues in a cooperative and respectful manner.

***6.*** Demonstrates willingness to continue learning related to the position requirements.

***7.*** Portrays the SCSD in a positive image to the public.

***8.*** Completes work satisfactorily.

***9.*** Manages time and tasks effectively within a given work schedule.

***10.*** Works well independently and conscientiously with a minimum amountof supervision.

***11.*** Works to establish/maintain a cooperative, positive workingenvironment and reflects the same to

students, parents and public.

***12.*** Works to support the goals of the office assigned.

***13*.** Attends staff development sessions offered by the District?

A. Areas of Strength:

B. Areas to Improve:

C. Additional Comments:

*Appraisal Period: From* *To*

*Status:*  *Probationary*  *Permanent*

*I hereby recommend continued employment?*  *Yes*  *No*

*If no, please explain:*

The appraisal form must be signed by both parties. Please note that the employee’s signature signifies only that the form has been read. The employee shall have the right to submit written comments and attach it to the file copy of this appraisal. The evaluator is required to discuss the completed appraisal during a personal conference with the employee.

Signature of Evaluator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Employee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Copies to:**

Supervisor  Principal/Administrator

Employee  Personnel File