

PERFORMANCE EVALUATION KITCHEN AIDE

		DATE	
WORK LOCATION			
TYPE OF EVALUATION	ON [

EVALUATION GUIDE

- 1=Excellent (exceptional; exceed expectations)
- 2= Good (consistently meets, and frequently exceeds, usual expectations)
- 3= Average (conforms to job duties; meets expectations)
- 4= Fair (marginal; meeting only minimum requirements)
- 5= Poor (below standard and unacceptable; improvement required or termination will result)

A rating of 1, 2, 4 or 5 requires written comments in the Comments/Summary section.

PRIMARY DUTIES AND RESPONSIBILITIES

1.	Maintains an organized food service area regarding cleanliness, neatness, and maintenance.	
ـــــ 2.	Nutritious foods are being prepared and served at scheduled times.	
∟ 3.	Perform assigned Food Service Worker duties in the absence of the Food Service Worker.	
L 4.	Complies with Head Start Nutrition Performance Standards and CACFP regulations.	
L 5.	Assists in completing the Cleaning Schedule.	

7. Abides by Kitchen and State Inspection Reports.

Overall rating for this section

KNOWLEDGE, SKILLS AND ABILITIES

	<i>,</i>	
1	. Maintains confidentiality for children, families, agency and program.	
2	. Attends training and has met required training hours of at least 25 hours.	
3	. Maintains current certifications (CPR/First Aid, etc)	
4	. Adheres to Head Start Performance Standards, Written Plan, Nebraska Regulations Governing licensu	ure
	of Child Care Centers, Family Service Manual, Head Start Parent Handbook, NAEYC Code of Ethical	
	Conduct, Rule 11, and NENCAP Personnel Policies.	
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5	. Identifies and corrects conditions that affect employee safety.	
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L 6	. Works cooperatively with the team to maintain the quality of the center.	

7.	Emp	lovee	goals	comp	leted.
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8.	If applicable, bilingual staff must be able to appropriately translate and interpret verbal and written
	communication.

Overall rating for this section

EVALUATION CONTINUED ON NEXT PAGE

JOB FACTORS

1. Accountability	
2. Accuracy	
3. Active Listening	
4. Adaptability	
5. Analytical Skills	
6. Communication Skills (Oral/Written)	
7. Customer Oriented	
8. Ethical	
9. Organized	
10. Reliability	
11. Safety Awareness	
Overall rating for this section	

Overall Evaluation Rating

SUMMARY/COMMENTS

Recommendations:

I certify that this report represents my best judgment.

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I certify that this report has been discussed with me and I understood that my signature does not necessarily indicate agreement.

Employee's Signature

Items to be sent with INTRODUCTORY evaluation:

- 1. Performance Evaluation Summary
- 2. Professional Development Goal (minimum of one)
- 3. Orientation Checklist (original)
- 4. Qualifications/Development for Aides/Paras

Date

Items to be sent with ANNUAL evaluation:

- 1. Performance Evaluation Summary
- 2. Completed Professional Development Goal
- 3. New Professional Development Goal

Head Start Director

Date

Date