

CALAVERAS UNIFIED SCHOOL DISTRICT
Classified Employee Evaluation Form

NAME: _____

Check One:

Permanent

Probationary

SCHOOL/WORK SITE: _____

3RD Month

CURRENT JOB TITLE: _____

6th Month

9th Month

DATE: _____

Directions: Evaluator(s) shall complete this form by checking the appropriate rating and meeting with the employee to discuss its content. This form shall be **signed and dated** by both employee and evaluator(s).

EXCEEDS	MEETS	NEEDS IMPROVEMENT	UNSATISFACTORY
I. COMPLIANCE WITH RULES/REGULATIONS			
<input type="checkbox"/> Always follows job rules/regulations.	<input type="checkbox"/> Follows job rules/regulations with occasional reminders.	<input type="checkbox"/> Often unable to follow job rules/regulations.	<input type="checkbox"/> Unable to follow job rules/regulations.
COMMENTS:			
II. QUALITY OF WORK			
<input type="checkbox"/> Exceeds established standards.	<input type="checkbox"/> Meets established standards.	<input type="checkbox"/> Often does not meet established standards.	<input type="checkbox"/> Below standards.
COMMENTS:			
III. KNOWLEDGE OF WORK			
<input type="checkbox"/> Exceptional abilities to execute job duties and responsibilities.	<input type="checkbox"/> Grasps and carries out job duties and responsibilities in a satisfactory manner.	<input type="checkbox"/> Serious weakness in ability to grasp and carry out job duties and responsibilities.	<input type="checkbox"/> Lacks awareness of duties and responsibilities.
COMMENTS:			
IV. VOLUME OF WORK			
<input type="checkbox"/> Output is exceptionally high.	<input type="checkbox"/> Output is average.	<input type="checkbox"/> Output is below average.	<input type="checkbox"/> Output is unsatisfactory.
COMMENTS:			
V. ATTENDANCE (UNSCHEDULED TIME OFF)			
<input type="checkbox"/> Excellent (0 days missed annually)	<input type="checkbox"/> Average - i.e.: 1-4 days/10 mo. 1-5 days/11 mo. 1-6 days/12 mo.	<input type="checkbox"/> Concern: Needs improvement. 5-10 days/10 mo. 6-11 days/11 mo. 7-12 days/12 mo.	<input type="checkbox"/> Excessive.
COMMENTS:			
VI. PUNCTUALITY			
<input type="checkbox"/> Excellent (Always prompt in reporting to work.)	<input type="checkbox"/> Average (1 time late to work)	<input type="checkbox"/> Needs improvement (2 times late to work.)	<input type="checkbox"/> Unsatisfactory (3 or more times late to work.)
COMMENTS:			

VII. DEPENDABILITY

<input type="checkbox"/> Excellent pre-planning, always meets deadlines.	<input type="checkbox"/> Meets deadlines	<input type="checkbox"/> Frequently misses deadlines.	<input type="checkbox"/> Consistently fails to meet deadlines.
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COMMENTS:

VIII. ATTITUDE TOWARD OTHERS CONTACTED IN THE COURSE OF WORK

<input type="checkbox"/> An exceptionally positive force for public and staff morale.	<input type="checkbox"/> Generally cooperative and tactful.	<input type="checkbox"/> Occasionally displays uncooperative attitude and discourteous behavior.	<input type="checkbox"/> Consistently displays uncooperative attitude and discourteous behavior.
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COMMENTS:

IX. WORK ATTITUDE (RESPONSE TO CHANGE/INITIATIVE)

<input type="checkbox"/> Self-motivated; enthusiastically accepts new ideas and changes.	<input type="checkbox"/> Shows average interest; generally accepts change.	<input type="checkbox"/> Frequently appears indifferent toward work; frequently lacks initiative; resistant to change.	<input type="checkbox"/> Evidences little interest toward work; lacks initiative; refuses to change and/or accept new procedures or ideas.
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COMMENTS:

X. OVERALL EMPLOYEE RATING SUMMARY

<input type="checkbox"/> An exceptional employee. Performance exceeds established standards.	<input type="checkbox"/> Performance meets established standards.	<input type="checkbox"/> Performance below standards.	<input type="checkbox"/> Performance is unacceptable.
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COMMENTS:

XI. EMPLOYEE RECOMMENDATION:

- Satisfactory
- Needs Improvement - assistance plan needed
- Unsatisfactory - assistance plan needed

GOALS:

COMMENTS:

- I will
- I will not attach a written response.

Employee's Comments:

Supervisor's Comments:

Signature of Supervisor

Title

Date

Signature of Employee**

Title

Date

****Employee's signature indicates that the evaluation has been discussed with the employee but does not necessarily constitute agreement.**

This evaluation will be placed in the employee's PRIMARY PERSONNEL file. The employee has the right to respond either in the comment section or on a separate sheet to be attached to this evaluation.

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