

**LAS CRUCES PUBLIC SCHOOLS
CUSTODIAL EVALUATION**

Employee Name: _____

ID#: _____

Job Title: _____

School Site: _____

INSTRUCTIONS: Check the most appropriate performance level in the space provided.

S=Satisfactory

U=Unsatisfactory

N/O-Not Observed

Note: All items marked unsatisfactory require a growth plan.

S U N/O

1. Has knowledge of the work expectations and can perform the duties of the job independently.			
2. Maintains an acceptable work standard; completes assignments within allowable time limits.			
3. Accepts responsibility for assigned tasks, related actions, equipment and tools authorized to the employee.			
4. Exhibits a positive attitude toward work; accepts suggested procedural charges willingly; meets varying workload demands and can cope with normal job pressures.			
5. Requires only general instructions or direction; formulates appropriate solutions to normal assignments or problems.			
6. Works well with others; sensitive to needs of others; an effective team worker.			
7. Reports to work at the assigned time and remains on the job for the assigned duty period; provides proper notification if absent.			
8. Complies with established work rules, district policies and regulations.			
9. Performs assigned tasks in accordance with established safely practices.			
10. Assigns and directs the work of custodians under supervision to assure effective cleaning of school building and grounds.			

General Comments: _____

I understand that my signature indicates that I have had the opportunity to review the completed form and my supervisor has discussed the evaluation with me. No written reports shall be submitted to the Human Resources Department, placed in my file or otherwise acted upon without my knowledge. My signature on the evaluation instrument does not necessarily constitute agreement with assessment.

Employee

____/____/____
Date

I have discussed this evaluation with the employee.

Supervising Custodian

____/____/____
Date

Administrator

____/____/____
Date