



## Classified Employee Evaluation Form

Employee Name		Date:
Classification		
Department		
*Evaluation Period	Probationary <input type="checkbox"/> Permanent Yearly <input type="checkbox"/> From _____ To _____	

\*Not to exceed a twelve (12) month period

**Evaluation Factors** (circle the appropriate quality for each evaluation factor)

Use comments to describe employee's strengths, weaknesses, and accomplishments that meet and exceed expectations. Evaluation factors should be based on the employee's job description. The examples provided may or may not apply to a particular employee. Ratings of *Needs to Improve* must be substantiated by comments and a written plan for improvement.

XE = Exceeds Expectations • ME = Meets Expectations • NI = Needs Improvement • NA = Not Applicable

1	Quality of Work	(XE)	(ME)	(NI)	(NA)
Examples: produces accurate work • produces neat work • performs work thoroughly • expresses self well verbally and in writing					

Comments: Traits personally observed upon which evaluation is based. Use separate page if more space is needed.

Action: Indicate actions necessary for employee to improve in this area, including timeframe for completion.

2	Quantity of Work	(XE)	(ME)	(NI)	(NA)
Examples: completes work assigned • completes work on time • manages a variety of tasks/projects • demonstrates initiative					

Comments: Traits personally observed upon which evaluation is based. Use separate page if more space is needed.

Action: Indicate actions necessary for employee to improve in this area, including timeframe for completion.



**Evaluation Factors** (circle the appropriate quality for each evaluation factor)

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XE = Exceeds Standards • ME = Meets Standards • NI = Needs Improvement • NA = Not Applicable

3	Work Habits	(XE)	(ME)	(NI)	(NA)
Examples: attends work regularly • observes work hours • complies with instructions • demonstrates knowledge of district policies and procedures • organizes and completes work in allotted time					

Comments: Traits personally observed upon which evaluation is based. Use separate page if more space is needed.
Action: Indicate actions necessary for employee to improve in this area, including timeframe for completion.

4	Personal Relations	(XE)	(ME)	(NI)	(NA)
Examples: gets along with fellow employees • demonstrates effective teamwork • demonstrates willingness to help others in a cordial demeanor • effectively resolves difficult situations					

Comments: Traits personally observed upon which evaluation is based. Use separate page if more space is needed.
Action: Indicate actions necessary for employee to improve in this area, including timeframe for completion.



**Evaluation Factors** (circle the appropriate quality for each evaluation factor)

Use comments to describe employee's strengths, weaknesses, and accomplishments that meet and exceed expectations. Evaluation factors should be based on the employee's job description. The examples provided may or may not apply to a particular employee. Ratings of *Needs to Improve* must be substantiated by comments and a written plan for improvement.

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5	Initiative	(XE)	(ME)	(NI)	(NA)
Examples: understands and accepts new situations • performs well with minimal instruction • makes sound decisions in absence of detailed instructions or direct supervision • keeps supervisor informed of status of assigned work					

Comments: Traits personally observed upon which evaluation is based. Use separate page if more space is needed.

Action: Indicate actions necessary for employee to improve in this area, including timeframe for completion.

6	Supervisory Skills (if applicable)	(XE)	(ME)	(NI)	(NA)
Examples: plans projects effectively • assigns projects to others effectively • demonstrates effective leadership • provides instruction and training effectively when required • treats supervised personnel fairly					

Comments: Traits personally observed upon which evaluation is based. Use separate page if more space is needed.

Action: Indicate actions necessary for employee to improve in this area, including timeframe for completion.



### Evaluator's Additional Comments

Use this space to provide additional comments or more detailed explanation of any aspect of the evaluation. Attach additional pages if more space is required.

Evaluator's Signature

Date:

Employee's Signature

Date:

Note: Signing this evaluation form does not necessarily constitute agreement with the evaluation. Employees have the right to attach a written response to this evaluation form within 15 working days if desired.