

Classified Evaluation Form

NAME: _____ **DATE:** _____

TITLE: _____ **DEPARTMENT:** _____

-- To be Completed by EMPLOYEE --

INSTRUCTIONS: To be prepared separately by employee before meeting with supervisor. To be attached to fully completed evaluation by supervisor and submitted to the Human Resources Department. Complete only applicable sections.

- 1) What are employee's area(s) of greatest strength, including their impact on the job?

- 2) Identify the significant accomplishments employee has achieved since previous evaluation:

- 3) For Classified Staff who are directly responsible for, or directly support student learning:

Identify how the employee has used the results of the assessment of learning outcomes to improve teaching and learning.

- 4) Employee's progress on goals and/or objectives from previous evaluation. Were goals/objectives for employee achieved since previous evaluation period?
Yes [] No [] If no, answer 2a and 2b below.
 - a. What action has been taken by supervisor to assist in the achievement of those goals and/or objectives?

 - b. What action has been taken by employee to assist in the achievement of those goals and/or objectives?

- 5) Identify areas for continued growth and/or a goal or objective in the next evaluation cycle.

Classified Evaluation Form

NAME: _____

DATE: _____

TITLE: _____

DEPARTMENT: _____

-- To be Completed by SUPERVISOR --

INSTRUCTIONS: To be prepared separately by supervisor before meeting with employee. To be attached to fully completed evaluation by supervisor and submitted to the Human Resources Department. Complete only applicable sections.

- 1) What are employee's area(s) of greatest strength, including their impact on the job?

- 2) Identify the significant accomplishments employee has achieved since previous evaluation:

- 3) Employee's progress on goals and/or objectives from previous evaluation. Were goals/objectives for employee achieved since previous evaluation period?
Yes [] No [] If no, answer 3a and 3b below.
 - a. What action has been taken by supervisor to assist in the achievement of those goals and/or objectives?

 - b. What action has been taken by employee to assist in the achievement of those goals and/or objectives?

- 4) Identify areas for continued growth and/or a goal or objective in the next evaluation cycle.

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Annual **Special** (Refer to Article 4.4.2)

-- To be Completed by SUPERVISOR --

RATING SCALE

- (E) Exemplary performance (Significantly exceeds job expectations)
- (M) Meets the requirements of the job
- (N) Needs Improvement (Somewhat below minimum job standards)
- (U) Unacceptable Performance (Significantly below required job standards)
- n/a Not applicable

Comments may be provided to explain, elaborate, or make recommendations on the rating given.
(Required for Ratings N & U, Refer to Article 4.5.1)

JOB SKILLS		
CATEGORY	RATING	COMMENTS
a. Quality of work		
b. Demonstrates appropriate skills		
c. Handles variety of tasks/projects at same time		
d. Demonstrates knowledge of District policies and procedures applicable to job		
e. Lead worker – Plans and assigns work, gives clear instructions, delegates responsibility, trains personnel and plans effectively with supervisor.		

MOTIVATION/INITITATIVE		
CATEGORY	RATING	COMMENTS
a. Willingness to assume responsibility		
b. Seeks increased responsibility within the scope of the job		
c. Suggests improved methods of doing the job		
d. Accepts and implements suggestions		
e. Exercises appropriate judgement		
f. Makes sound decisions in the absence of detailed instructions or direct supervision		

EFFECTIVE WORKING RELATIONSHIPS		
CATEGORY	RATING	COMMENTS
a. Works cooperatively with students, co-workers, general public		
b. Works cooperatively with supervisor		
c. Deals effectively with difficult situations/people		
d. Accepts responsibility with others for completing group projects		

ADAPTABILITY		
CATEGORY	RATING	COMMENTS
a. Accepts and adapts to new assignments		
b. Understands and accepts new work methods		

COMMUNICATION		
CATEGORY	RATING	COMMENTS
a. Keeps supervisor informed of status of assigned work		
b. Directs issues needing clarification or resolution through appropriate channels		

ORGANIZATIONAL ABILITY		
CATEGORY	RATING	COMMENTS
a. Organizes and coordinates work of others		
b. Organizes and completes work in allotted time		

ATTENDANCE		
CATEGORY	RATING	COMMENTS
a. Punctuality		
b. Dependability in conforming to established work hours		

ADDITIONAL EVALUATOR COMMENTS

[Empty box for additional evaluator comments]

OVERALL PERFORMANCE APPRAISAL:

MEETS/EXCEEDS EXPECTATIONS - No Follow-up Needed

NEEDS IMPROVEMENT*

UNSATISFACTORY*

*This rating to be substantiated by supporting observation, examples and/or specific areas for improvement.

Re-Evaluation due in _____ days (not to exceed 90 days).

FOR SPECIAL EVALUATIONS ONLY

PREVIOUS FACE-TO-FACE MEETING HELD ON: _____.

FOLLOW-UP:

Follow-up meeting scheduled in 30 days: _____ (date)

in 60 days: _____ (date)

in 90 days: _____ (date)

Follow-up meeting with Outcome Report scheduled for: _____ (date to be within 90 days).

Follow-up Training Plan, which may include specific objectives, is to be attached.

EMPLOYEE CONFERENCE/SIGNATURE:

In signing the Evaluation Report Form, the employee acknowledges having seen and discussed the report. The employee's signature does not necessarily indicate agreement with the conclusions of the evaluator. The employee may submit a response to this report, in writing, to the evaluator within ten (10) working days from the date of this report. That copy will be attached and filed with the Evaluation Report Form (Section 87031, California Education Code).

_____ Signature of Supervising Administrator	_____ Date	_____ Signature of Employee	_____ Date
_____ Title of Supervising Administrator			
_____ Signature of Reviewer	_____ Date		
_____ Title of Reviewer			

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