

Classified Interim Evaluation

NAME: _____ **DATE:** _____

TITLE: _____ **DEPARTMENT:** _____

PREVIOUS FACE TO FACE MEETING HELD ON: _____

RATING SCALE

- (N/A) Employee is meeting or exceeding expectations
- (N) Needs Improvement (Somewhat below minimum job standards)
- (U) Unsatisfactory Performance (Significantly below required job standards)

Comments must be provided to explain, elaborate, or make recommendations on any N or U rating given.

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/INITIATIVE		
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 judgment		
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

OVERALL PERFORMANCE APPRAISAL:

- EXCEEDS EXPECTATIONS - No Follow-up Needed
- MEETS EXPECTATIONS - No Follow-up Needed
- NEEDS IMPROVEMENT*
 - Performance Improvement Plan required
- UNSATISFACTORY*
 - Performance Improvement Plan required

*Ratings must be substantiated by supporting observations, examples and/or specific areas for improvement.

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 Supervisor

Date

Signature of Employee

Date

Title of Supervisor

Signature of Reviewer

Date

Title of Reviewer