

EMP NAME:		EMP ID:		SECTION A Any checks indicated in <i>Needs to Improve</i> and/or <i>Unsatisfactory</i> must be explained in Section E.	OUTSTANDING	COMPETENT / MEETS STANDARDS	NEEDS IMPROVEMENT	UNSATISFACTORY	DOES NOT APPLY
JOB TITLE:		DATE DUE:							
SITE / DEPT:		<input type="checkbox"/> 3rd Month <input type="checkbox"/> 5th Month <input type="checkbox"/> Annual / Perm <input type="checkbox"/> Unscheduled							
GENERAL SKILLS									
1	Complies with all policies, regulations and procedures.	n/a	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
2	Maintains a good attendance record.	n/a	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
3	Observes time/work schedules.	n/a	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
4	Presents an appropriate appearance.	n/a	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
5	Uses materials/equipment safely and economically.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
6	Plans, organizes, and prioritizes work effectively.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
7	Relates respectfully and courteously to students.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
8	Responds to the needs of community/parents/staff in a professional manner.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
9	Works courteously and relates effectively with fellow employees.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
10	Exhibits ability to work independently.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
11	Accepts change and demonstrates flexibility.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
12	Completes satisfactory volume of quality work within a reasonable time frame.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
13	Demonstrates ability to make independent judgments.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
14	Willingly accepts suggestions/directions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
15	Shows interest in self-improvement.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
16	Understands department/school objectives and works to achieve them.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
17	Keeps lines of communication open between self and supervisor.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
ADDITIONAL FACTORS FOR SCHOOL COMPUTER SUPPORT TECHNICIAN									
18	Ability to load, configure, and maintain educational software.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
19	Provide specialized technical support services in local, wide, and internet networked environment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
20	Isolate equipment malfunctions and run software diagnostic programs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
21	Train and assist staff in the operation of computer hardware and educational software.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
22	Ability to perform minor maintenance of technology equipment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
23	Ability to format and copy floppy disks.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
24	Maintain accurate, thorough inventory records of equipment and instructional materials.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
25	Maintain accurate, detailed records associated with work orders.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			

SUMMARY EVALUATION: Check OVERALL performance			
<input type="checkbox"/> Outstanding	<input type="checkbox"/> Competent / Meets Standards	<input type="checkbox"/> Needs to Improve	<input type="checkbox"/> Unsatisfactory
It be forwarded to the employee's Personnel File for ten (10) working days after receipt of his/her copy.			

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SECTION B: Record job STRENGTHS and superior performance.

SECTION C: Record PROGRESS ACHIEVED in attaining previously set goals for improved work performance for personal or job qualification.

SECTION D: Record specific GOALS OR IMPROVEMENT PROGRAMS to be undertaken during the next evaluation period.

SECTION E: Record specific work performance DEFICIENCIES or job behavior requiring improvement or correction. *Explain checks in Column D.*

ADDITIONAL COMMENTS:

EMPLOYEE:

I certify that this report has been discussed with me.
I understand that my signature does not necessarily
indicate agreement.

Signature: _____

Date: _____

EVALUATER:

Signature: _____

Print Name: _____

Title: _____

Date: _____

FOR 5TH MONTH EVALUATION

☐ I DO ☐ I DO NOT

recommend this employee be
granted permanent status.