

Employee Name:							Site/Department:								
Job Title:		<input type="checkbox"/>					If unscheduled report, check here: <input type="checkbox"/>		Due Date:						
SECTION A: Checks in columns C (Needs to Improve) and D (Unsatisfactory) must be explained in Section E (Deficiencies).						A	B	C	D	E	SECTION B: Record job STRENGTHS and superior performance.				
						O U T S T A N D I N G	C O M P E T E N T / A D A R D S	N E E D S T O I M P R O V E	U N S A T I S F A C T O R Y	D O E S N O T A P P L Y	SECTION C: Record PROGRESS ACHIEVED in attaining previously set goals for improved work performance for personal or job qualification.				
GENERAL SKILLS												SECTION D: Record specific GOALS OR IMPROVEMENT PROGRAMS to be undertaken during the next evaluation period.			
1.	Complies with policies, regulations and procedures.					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SECTION E: Record specific work performance DEFICIENCIES or job behavior requiring improvement or correction. Explain checks in Column D.					
2.	Maintains a good attendance record.					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
3.	Observes time/work schedules.					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
4.	Presents an appropriate appearance.					<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"/>						
6.	Plans, organizes and prioritizes work effectively.					<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"/>						
8.	Responds to needs of community/parents in a professional manner.					<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"/>						
10.	Exhibits ability to work independently.					<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"/>						
12.	Completes satisfactory volume of quality work within a reasonable time frame.					<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"/>						
14.	Willingly accepts suggestions/directions.					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
15.	Shows an interest in self-improvement.					<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"/>						
17.	Keeps lines of communication open between self and supervisor.					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
ADDITIONAL FACTORS												SUMMARY EVALUATION – Check overall performance: <input type="checkbox"/> Outstanding <input type="checkbox"/> Needs to Improve <input type="checkbox"/> Competent/Meets Standards <input type="checkbox"/> Unsatisfactory An overall rating below "Competent/Meets Standards" will NOT be forwarded to employee's Personnel File for TEN working days after receipt of his/her copy.			
1.	Successful in completing required competency program.					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	RATER: <input type="checkbox"/> I DO <input type="checkbox"/> I DO NOT recommend this employee be granted permanent status.				
2.	Demonstrates the ability to present lessons effectively under the direction of the teacher.					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Signature: _____ Title: _____ Date: _____				
3.	Demonstrates ability to work effectively with students of varying handicapping conditions.					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	REVIEWER: (If none, so indicate)				
4.	Effectively implements IEP objectives under the direction of the supervising teacher.					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Signature: _____ Title: _____ Date: _____				
5.	Effectively works with regular education teachers and/or community in working with special education students.					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	EMPLOYEE: I certify that this report has been discussed with me. I understand my signature does not necessarily indicate agreement.				
6.	Demonstrates ability to effectively manage behavior and positively assist children.					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Employee's Signature: _____ Date: _____				
7.	Demonstrates ability to effectively and safely perform specialized medical procedures.					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	COMMENTS:				
8.	Effectively assists in maintaining a clean and safe environment for students and staff.					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
9.	Demonstrates competence in standard written and oral language.					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					

INSTRUCTIONS FOR USE OF THE PERFORMANCE EVALUATION REPORT FORM

GENERAL:

1. After marking, very lightly with pencil, each factor in Section A, the rater shall review the report with his own principal or department head, if any. Markings and comments shall then be typed or inked in. Either the rater or reviewer (or both) shall then review the rating with the employee in a private interview. **All signatures shall be in ink. Changes and corrections shall be initialed by the employee.**
2. If space for comments is inadequate, similarly dated and signed attachments may be made (either type written or in ink).
3. **Due Dates** shall be observed, and are particularly important for final probationary reports. Filing dates for these are flexible, and both the first and the final reports may be filed at any time **between** their receipt and the **printed due date**.
4. **All probationers** (either new hire or promotional) shall be evaluated not later than the end of their third full month of probationary service and again after five full months. Probationers may be separated (or demoted, if permanent in a lesser class) at any time such action is deemed necessary by the principal or department head, through use of either a scheduled or an unscheduled performance evaluation report.
5. **All permanent employees** who have completed at least five months of service in permanent status shall be evaluated annually. Permanent employees may also be separated or demoted in the same manner as probationary employees, provided that all pertinent merit system rules and District procedures are observed.
6. **Unscheduled reports** may be filed at any time for either permanent or probationary employees.
7. The "Performance Evaluation Guide for Classified Employees" should be consulted for suggestions, definitions, interpretations, and further instructions.
8. All performance evaluation reports in an employee's personnel department file are subject to review by principals or department heads whenever the employee is certified for transfer or promotion.

SECTION A:

Check (Y) one column for each factor. The Column "Does Not Apply" may be checked when a factor is not considered applicable to a particular job. Additional spaces have been provided to write in any additional factors. Each check mark in **Column D requires** specific explanation in Section E.

SECTION B:

May be used to describe outstanding qualities or performances, particularly when check marks in Column A do not seem adequately descriptive.

SECTION C:

Use to record progress or improvements in performance resulting from employee's efforts to reach previously set goals.

SECTION D:

Record agreed-upon or prescribed performance goals for the next evaluation period.

SECTION E:

Give specific reasons for check marks in Column D. Explanations of check marks in Column C are optional. Record here, any other specific reasons why the employee should not be recommended for permanent status, or if the employee is already permanent any specific reasons for required improvement.

SUMMARY EVALUATION:

Check the overall performance here, taking into account all factors and total performance over the full period of service being evaluated.

UNSATISFACTORY: Performance clearly inadequate in one or more critical factors as explained or documented in Section E. Employee has demonstrated inability or unwillingness to improve or to meet standards. Performance not acceptable for position held. (**NOTE:** Such summary evaluation bars the employee from promotional examinations for one year).

NEEDS TO IMPROVE: Total performance periodically, or regularly, falls short of normal standards. Specific deficiencies should be noted in Section E. This evaluation indicates the supervisor's belief that the employee can and will make the necessary improvements.

COMPETENT/MEETS STANDARDS: Level of Performance expected of a fully competent employee, who meets the standards of the position in every way.

OUTSTANDING: Represents performance which is far above that required for the position. It means ideal, extraordinary performance. **Very few** employees qualify as "Outstanding."

SIGNATURES:

Both the rater and the employee shall date and sign the report. The employee's signature indicates that the conference has been held and that he has had an opportunity to read the report. If he refuses to sign for any reason, explain that his signature does not necessarily imply, or indicate, agreement with the report, and that space is provided for him to state any disagreement. Further refusal to sign shall be recorded on the report, and **after being held for 10 days**, will be forwarded to personnel for placement in the personnel file.

APPEAL:

Evaluation reports express the judgment and opinions of **supervisory authority**, and as such, **are not** subject to appeal under rules of the merit system, unless there has been a resultant action taken to suspend, demote, or dismiss a permanent employee.

DISTRIBUTION:

WHITE: PERSONNEL

PINK: EMPLOYEE

CANARY: SITE COPY