

PERFORMANCE EVALUATION FOR CLASSIFIED EMPLOYEES

Colusa Unified School District

FULL NAME (LAST NAME FIRST) _____

PROBATIONARY

PERMANENT

WORK LOCATION: _____

CHECK ONLY THOSE FACTORS WHICH APPLY TO THE EMPLOYEE'S POSITION

Report dates: _____ to _____

INDICATE DATES DURING WHICH EMPLOYEE WAS UNDER YOUR SUPERVISION

Meets Work Performance Standards
Needs Improvement

If "Needs Improvement" is checked, please give the reason(s) for this rating and indicate suggestions made to the employee on how to improve.

<p>1. QUALITY OF WORK</p> <p>Consider:</p> <p>a. Job knowledge <input type="checkbox"/> <input type="checkbox"/></p> <p>b. Accuracy <input type="checkbox"/> <input type="checkbox"/></p> <p>c. Neatness <input type="checkbox"/> <input type="checkbox"/></p> <p>d. Thoroughness <input type="checkbox"/> <input type="checkbox"/></p>	<p><input type="checkbox"/> <input type="checkbox"/></p>	<p>Suggestions or comments made by Supervisor</p>
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<p>2. QUANTITY OF WORK</p> <p>Consider volume of acceptable work and extent to which work schedules are met.</p>	<p><input type="checkbox"/> <input type="checkbox"/></p>	<p>Suggestions or comments made by Supervisor</p>
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<p>3. WORK HABITS AND ATTITUDE</p> <p>Consider:</p> <p>a. Dependability <input type="checkbox"/> <input type="checkbox"/></p> <p>b. Punctuality <input type="checkbox"/> <input type="checkbox"/></p> <p>c. Appearance of work station <input type="checkbox"/> <input type="checkbox"/></p> <p>d. Compliance with instructions, rules, and regulations. <input type="checkbox"/> <input type="checkbox"/></p> <p>e. Ability to work without immediate supervision <input type="checkbox"/> <input type="checkbox"/></p>	<p><input type="checkbox"/> <input type="checkbox"/></p>	<p>Suggestions or comments made by Supervisor</p>
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<p>4. PERSONAL QUALITIES</p> <p>Consider:</p> <p>a. Judgment <input type="checkbox"/> <input type="checkbox"/></p> <p>b. Initiative <input type="checkbox"/> <input type="checkbox"/></p> <p>c. Planning and organizing <input type="checkbox"/> <input type="checkbox"/></p> <p>d. Good health <input type="checkbox"/> <input type="checkbox"/></p> <p>e. Appearance <input type="checkbox"/> <input type="checkbox"/></p>	<p><input type="checkbox"/> <input type="checkbox"/></p>	<p>Suggestions or comments made by Supervisor</p>
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<p>5. RELATIONSHIPS WITH OTHERS</p> <p>Consider:</p> <p>a. Employees <input type="checkbox"/> <input type="checkbox"/></p> <p>b. Pupils <input type="checkbox"/> <input type="checkbox"/></p> <p>c. Public <input type="checkbox"/> <input type="checkbox"/></p>	<p><input type="checkbox"/> <input type="checkbox"/></p>	<p>Suggestions or comments made by Supervisor</p>
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<p>6. SUPERVISORY ABILITY</p> <p>Consider: (if applicable)</p> <p>a. Leadership ability <input type="checkbox"/> <input type="checkbox"/></p> <p>b. Fairness and impartiality <input type="checkbox"/> <input type="checkbox"/></p> <p>c. Judgment and decision making <input type="checkbox"/> <input type="checkbox"/></p> <p>d. Training and instructing <input type="checkbox"/> <input type="checkbox"/></p> <p>e. Planning and assigning the work of others <input type="checkbox"/> <input type="checkbox"/></p> <p>f. Evaluating performance <input type="checkbox"/> <input type="checkbox"/></p> <p>g. Productivity of subordinates <input type="checkbox"/> <input type="checkbox"/></p>	<p><input type="checkbox"/> <input type="checkbox"/></p>	<p>Suggestions or comments made by Supervisor</p>
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<p>7. ADDITIONAL FACTORS</p> <p>Please identify additional factors not specifically considered above:</p> <p>a. _____</p> <p>b. _____</p>	<p><input type="checkbox"/> <input type="checkbox"/></p>	<p>Suggestions or comments made by Supervisor</p>
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<p>8. OVERALL WORK PERFORMANCE</p> <p>Recommendation by Supervisor preparing Evaluation:</p> <p>It is recommended that this employee:</p>	<p><input type="checkbox"/> <input type="checkbox"/></p>	<p>a. Be retained in status <input type="checkbox"/></p> <p>b. Be terminated from this position <input type="checkbox"/></p>
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My signature below is an acknowledgment that I have seen and discussed this evaluation, but does not necessarily imply agreement with the conclusions of the supervisor.

Signature of Supervisor

Date

Signature of Employee

Date