

Hire Date: _____

DELANO UNION SCHOOL DISTRICT

DUE DATE

PERFORMANCE EVALUATION REPORT

(* indicates probationary)

Classified Personnel

Use ink or typewriter for final markings

Distribution
Copy: Evaluator
Personnel File

Employee Name			Reference #			Work Site		
Job Title			Employee Status			For Probationary Employees Only		
MEETS STANDARDS	NEEDS IMPROVEMENT	NOT SATISFACTORY	SECTION A - FACTOR CHECK LIST Immediate supervisor must check each factor in the appropriate column. Write in N/A if not applicable to position.			MEETS STANDARDS	NEEDS IMPROVEMENT	NOT SATISFACTORY
			1. Observance of work hours			14. Volume of acceptable work		
			2. Attendance <i>Days absent</i> _____			15. Meeting deadlines		
			3. Grooming and Dress			16. Accepts responsibility		
			4. Compliance with rules			17. Accepts direction		
			5. Safety practices			18. Accepts change		
			6. Public contacts			19. Effectiveness under stress		
			7. Pupil contacts			20. Appearance of work station		
			8. Employee contacts			21. Operation & care of equipment		
			9. Knowledge of work			22. Performs duties per job description		
			10. Work judgments			23. Initiative		
			11. Planning and organizing			24.		
			12. Job skill level			25.		
			13. Quality of work			26.		

Use blank spaces for additional factors if needed. (Must be initialed by the employee). Items checked NEEDS IMPROVEMENT or NOT SATISFACTORY must be explained in Sections C, D and E.

Supt./ Asst. Supt. _____	Asst. Supt.-H.R. _____	H.R. Data input _____
<i>H.R. DEPARTMENT USE ONLY</i>		

SECTION B - Record job STRENGTHS and superior performance incidents.

SECTION C - Record specific work performance DEFICIENCIES or job behavior requiring improvement or correction.

SECTION D - Record OBJECTIVES or IMPROVEMENT PROGRAMS for improved work performance, personal, or job qualifications to be undertaken during next evaluation period.

SECTION E - Record PROGRESS ACHIEVED in attaining previously set objectives for improved work performance, personal, or job qualifications.

SUMMARY EVALUATION - Check Overall Performance

EFFECTIVE - MEETS STANDARDS NEEDS IMPROVEMENT NOT SATISFACTORY

EVALUATOR: I certify this report represents my best judgment.

I do I do not recommend this employee be granted permanent status.
(For final probationary reports only.)

EVALUATOR'S SIGNATURE	TITLE	DATE
-----------------------	-------	------

REVIEWED BY:

PRINCIPAL or SUPERVISOR	TITLE	DATE
-------------------------	-------	------

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

EMPLOYEE	TITLE	DATE
----------	-------	------

This is a copy of the document that will be placed in your personnel file. You have five (5) work days from receipt of this document to make any signed written comments that you wish to have attached to the document before it is placed in your primary personnel file.

COMMENTS: _____

SIGNATURE

DATE