



WORK PERFORMANCE EVALUATION

CLASSIFIED / PROFESSIONAL / CONFIDENTIAL / SUPERVISORY EMPLOYEES /CLASSIFIED MANAGERS

Employee Name (First, M, Last) / Employee G #	Department / Location	Job Title
Supervisor Name	Div./Dept. Administrator Name	
Evaluation Period FROM: TO: Evaluation Type:		
Evaluate employee's performance in present assignment, basing your evaluation on the entire period covered by this appraisal. Mark the most appropriate square. Marks must be substantiated in the appropriate narrative sections if other than Meets Expectations. If this is a 5 month probationary period evaluation, please indicate your views on passing the probationary period.		

Categories	Superior	Exceeds Expectations	Meets Expectations	Needs Improvement	Unsatisfactory
1. QUALITY OF WORK (Thoroughness and accuracy of work)					
2. QUANTITY OF WORK (Acceptable volume of work)					
3. KNOWLEDGE OF WORK (Understanding of "what" and "why" of all phases of assigned work; ability to grasp new ideas)					
4. DEPENDABILITY (Reliability in completing assignments and instructions; attendance as it impacts performance)					
5. ORGANIZATION OF WORK (Scheduling and organizing daily work)					
6. INITIATIVE (Ability to originate or develop ideas; willingness to do more than regular work, seeks challenges)					
7. COOPERATION & PROFESSIONALISM (Ability to work with and assist others; demonstrates professional work behaviors)					
8. ADAPTABILITY (Ability to adjust to changing conditions)					
9. APPLICATION & USE OF TIME (Attention and application to work)					
10. LEADERSHIP (If applicable: Ability to lead and train others and achieve results through others)					

STRENGTHS (Summarize the employee's most significant strengths on the job.)

TRAINING (Since the last evaluation, what training or personal development has taken place?)

AREAS FOR GROWTH AND/OR IMPROVEMENT (Highlight areas of potential growth which may add to the employee's value to the District. Does the employee show ability to learn and retain new concepts? Summarize any needed improvement. If appropriate, specify recommendations.)

EVALUATION SUMMARY (Evaluate how this individual has met the requirements of his/her position during the entire period covered by this review)

Status of Performance Goals from Previous Evaluation Period (If applicable)						Status Categories
	1	2	3	4	5	
1. _____	...	...	...	...	...	1 No Longer Applicable to Current Dept. Needs
2. _____	...	...	...	...	...	2 Outstanding Dept / Div / District Contribution
3. _____	...	...	...	...	...	3 Successful Completion
4. _____	...	...	...	...	...	4 Needs Improvement / Training
5. _____	...	...	...	...	...	5 Unsatisfactory / Incomplete

GOALS FOR NEXT YEAR (If applicable, summarize goals for the coming year.)

OVERALL PERFORMANCE RATING

Superior	Exceeds Expectations	Meets Expectations	Needs Improvement	Unsatisfactory
Next Performance Review Dates: (Regular Employees with two successive "Meets Expectations" or better evaluations shall be evaluated biennially rather than annually.)		1	2	3
EMPLOYEE ACKNOWLEDGEMENT My signature does not necessarily indicate that I agree with the evaluation or its contents, but verifies that my supervisor has discussed this evaluation with me and has given me a copy of this evaluation.				
Employee Signature		Date		
Supervisor Signature		Date		
Div./Dept. Administrator Signature		Date		

Comments: