#### iusd2

# CLASSIFIED EMPLOYEE EVALUATION

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| **Name** |  | **Assignment/Position Title** |  |
|  |  | **School/Department** |  |
|  |  | **Hire Date** |  |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Not Applicable** |  | **Outstanding** | **Very Good** | **Average / Acceptable** | **Needs Improvement** | **Deficient** |  |  | | |
|  |  |  |  |  |  |  | 1. | Dependability in assuming and fulfilling assignments | | |
|  |  |  |  |  |  |  | 2. | Knowledge of present job | | |
|  |  |  |  |  |  |  | 3. | Judgment ability | | |
|  |  |  |  |  |  |  | 4. | Attitude toward job, supervision, employees, and District | | |
|  |  |  |  |  |  |  | 5. | Effort applied to job | | |
|  |  |  |  |  |  |  | 6. | Adaptability to new situations/assignments | | |
|  |  |  |  |  |  |  | 7. | Quantity of acceptable work produced | | |
|  |  |  |  |  |  |  | 8. | Attendance and/or observance of work hours | | |
|  |  |  |  |  |  |  | 9. | Accepts responsibility, plans and organizes. | | |
|  |  |  |  |  |  |  | 10. | Compliance with District regulations | | |
|  |  |  |  |  |  |  | 11. | Accepts direction | | |
|  |  |  |  |  |  |  | 12. | Observance of safety practices | | |
|  |  |  |  |  |  |  | 13. | Ability to meet deadlines | | |
|  |  |  |  |  |  |  | 14. | Maintenance of orderly work area | | |
|  |  |  |  |  |  |  | 15. | Ability to work under stress | | |
|  |  |  |  |  |  |  | 16. | Care of District equipment | | |
|  |  |  |  |  |  |  | 17. |  | ) | Employee/Employer established |
|  |  |  |  |  |  |  | 18. |  | ) | evaluation objectives |

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| **Personal Grooming** | |  | |
|  | Acceptable |  | Unacceptable | |  | Comment: |  |

|  |  |
| --- | --- |
| **Evaluator’s Comments:** |  |

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| --- | --- | --- |
| **Probationary Employee** | | |
| 2 month |  |  | | : | Re-employment of employee |  |
| 5 month |  | **Evaluator’s recommendation** | | : | Needs improvement |  |
|  |  |  | | : | Re-employment not recommended |  |

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**Evaluator’s Signature Date**

|  |  |  |
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| **Employee/Employer Established Evaluation Objectives**: | | |
| Objective: |  |
| Objective: |  |
| Objective: |  |
| Objective: |  |

Signature by the employee indicates that this evaluation has been read and discussed with the evaluator, but does not necessarily indicate agreement with all factors of the evaluation. ***Employee comments may be added to back of document.***

**Employee’s Signature Date**

***Distribution****: Original to Human Resources for Personnel File; copy to employee; copy to Evaluator 2/2014*