

Cache County School District

EMPLOYEE EVALUATION FORM: Career/Provisional* Classified Employee

Name: _____ Location: _____ Job Assignment: _____

Career Classified Employees (benefit eligible) **must** be evaluated annually. This form must be completed at any time during the school year. It is recommended that for most employees, this form is completed after October 15 and before March 15 of each school year. This form is a formal evaluation. This form may be completed at the request of the supervisor, or as otherwise deemed necessary. Questions regarding the form/evaluation should be directed to the Human Resources Department.

Job Performance Evaluation:

Criteria	Strong	Satisfactory	Improvement Needed	Comments
Communication Skills- Communicates clearly and effectively in oral and written forms.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Human Relations- Works effectively with a variety of people	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Judgment- Shows good judgment and makes responsible decisions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Planning & Organization- Organizes work effectively and completes work on schedule.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Quality of Work- Completes work in a useful, accurate and precise manner.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Attendance & Punctuality- Reports to work and meetings regularly and punctually. Completes job duties in a timely manner.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Professionalism- Responds to work situations in a positive and productive manner.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

Growth/Learning Plan (Optional)

The Growth/Learning Plan is completed together as part of the Evaluator and Employee Meeting.

Goals
Plan

Comments:

Supervisor's signature: _____ Date: _____

Employee's signature: _____ Date: _____

NOTE: Employee's signature does not indicate agreement with this informal evaluation. Employee's signature denotes receipt of a copy of the form. Employees who do not agree with the results of this evaluation may appeal the evaluation to the Director of Human Resources. Once the form is completed, a copy should be given to the employee and the original should be sent to the Human Resources Office to become part of the employee's personnel file.

*Please check with Payroll or Human Resources if you have questions about the status of an employee.