

WORK PERFORMANCE EVALUATION

CLASSIFIED PROFESSIONAL / CONFIDENTIAL

Employee Name (First, M, Last) / Employee ID#	Department / Location	Job Title
Supervisor Name	Div./Dept. Administrator Name	
Evaluation Period FROM: _____ TO: _____ Evaluation Type: _____ <i>(dropdown)</i>		
<p>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.</p>		

Categories	Superior	Exceeds Expectations	Meets Expectations	Needs Improvement	Unsatisfactory
1. QUALITY OF WORK <small>(Thoroughness and accuracy of work)</small>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. QUANTITY OF WORK <small>(Acceptable volume of work)</small>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. KNOWLEDGE OF WORK <small>(Understanding of "what" and "why" of all phases of assigned work; ability to grasp new ideas)</small>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. DEPENDABILITY <small>(Reliability in completing assignments and instructions; attendance as it impacts performance)</small>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. ORGANIZATION OF WORK <small>(Scheduling and organizing daily work)</small>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. INITIATIVE <small>(Ability to originate or develop ideas, seeks challenges)</small>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



7. COOPERATION & PROFESSIONALISM (Ability to work with and assist others; demonstrates professional work behaviors)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. ADAPTABILITY (Ability to adjust to changing conditions)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. TRAINING OTHERS (Ability to Train and impact knowledge to others.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. DIVERSITY (Nurtures and creates a respectful, inclusive, and equitable learning and work environment.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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

TRAINING (Since the last evaluation)

1. Include if previous goals were met,
2. What training or personal/professional development has the manager recommended,
3. And what training or personal/professional 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 the ability to learn and retain new concepts? Summarize any needed improvement. If appropriate, specify recommendations for training or personal/professional development.)



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 please enter corresponding number in box)

1. _____
2. _____
3. _____
4. _____
5. _____

**Status
Categories**

1. No longer Applicable to current Department needs.
2. Outstanding Department / Division / District contribution.
3. Successful Completion.
4. Needs Improvement / Training.
5. Unsatisfactory / Incomplete.
6. Ongoing Training

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



OVERALL PERFORMANCE RATING

Superior	Exceeds Expectations	Meets Expectations	Needs Improvement	Unsatisfactory
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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



MANAGER COMMENTS:

EMPLOYEE COMMENTS: