

Stockton Unified School District Classified Employees Performance Evaluation

Name _____ Social Security _____
(Last) (First) (Middle Initial)

Position _____

Site/ Department _____

Evaluation Period _____ to _____

Probationary Employee	
<input type="checkbox"/> 2nd Month	<input type="checkbox"/> 4th Month
Permanent Status Recommended	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Permanent Employee	
<input type="checkbox"/> Unscheduled Evaluation	

E - Exceeds Standards, M - Meets Standards, I - Improvement Needed, U - Unsatisfactory

FACTOR	E	M	I	U	COMMENTS: (Additional Pages May Be Attached)
1. Quality of work					
a. Job Knowledge-----					
b. Accuracy-----					
c. Neatness-----					
d. Thoroughness-----					
2. Quantity of Work					
a. Completes work on time-----					
b. Volume of output-----					
3. Work Habits					
a. Attendance-----	X				
b. Punctuality/Dependability-----	X				
c. Compliance with instructions rules and regulations-----	X				
d. Ability to work without immediate supervision-----	X				
e. Operation and care of equipment-----					
4. Relationships With Others					
a. Employees-----					
b. Pupils-----					
c. Public-----					
5. Work Judgments					
a. Endeavors to improve techniques-----					
b. Accepts new ideas and procedures-----					
c. Accepts criticism and suggestions-----					
d. Accepts responsibility-----					
e. Organizes and uses time efficiently-----					
6. Personal Qualities					
a. Judgment-----					
b. Initiative-----					
c. Adaptability to emergencies and new situations-----					
d. Effectiveness under pressure-----					
e. Communicates effectively-----					
7. Supervisory Ability (Where Applicable)					
a. Leadership-----					
b. Fairness and impartiality-----					
c. Decision making-----					
d. Training and instructing-----					
e. Planning and assigning-----					
f. Disciplinary control-----					
g. Evaluating performance-----					
h. Ability to get work out-----					
8. Goals and Objectives					

9. Employee was counseled on noted deficiencies: (Dates) _____

SUMMARY EVALUATION: MEETS STANDARDS REQUIRES IMPROVEMENT UNSATISFACTORY

(check one)

EVALUATOR: _____ SIGNATURE: _____ DATE: _____ REVIEWER: _____ SIGNATURE: _____ DATE: _____

My supervisor has discussed this report with me and given me a copy of this evaluation report. I understand my signature does not necessarily indicate agreement.

Comments: _____

ATTACHMENTS ADDED YES NO _____

Employee Signature Date

Instructions for Use of the Performance Evaluation Report Form

General:

1. After marking lightly with pencil each factor in Factor Check List, the rater should review the report with the principal or department head, if any. Markings and comments should then be typed or inked in. Either the rater or reviewer (or both) must review the rating with the employee in a private interview. **All signatures shall be in ink. Changes and corrections shall be initialed by the employee and the supervisor.**
2. If space for comments is inadequate, similarly dated and signed attachments (also in triplicate) may be made.
3. Due dates shall be observed and are particularly important for final probationary reports.
4. All probationers (either new-hire or promotional) shall be evaluated no later than the end of their second full month of probationary service and again after four full months. Probationers may be separated (or demoted if permanent in a lesser class) at any time such action is deemed necessary by the Personnel Department.
5. All permanent employees (who have completed at least five months of service in permanent status) shall be evaluated once each year thirty (30) days prior to the last working day of the employee.
6. This form is to be used for all classified personnel, except classified managers.
7. **Unscheduled reports** may be filed **at any time** to record progress achieved or specific work performance deficiencies.

COLUMNS E-U: Each check mark of Exceeds Standard, Improvement Required or Unsatisfactory requires specific explanation under "Comments".

Exceeds Standards: Total performance is well above normal standards for the position. This evaluation should be reflected by marks for critical factors in Factor Check List, and superior or excellent performance should be noted in the section for "Comments".

Meets Standards: Consistently competent performance meeting or exceeding standards in all critical factors for the position.

Improvement Required: Total performance periodically or regularly falls short of normal standards. Specific deficiencies should be noted under "Comments". This evaluation indicates the supervisor's belief that the employee can and will make the necessary improvement.

Unsatisfactory: Performance clearly inadequate in one or more critical factors as explained or documented under "Comments". Employee has demonstrated inability or unwillingness to improve or meet standards. Performance not acceptable for position held. Counseling dates must be noted.

COUNSELING DATES: If deficiencies are noted in Factors 1 through 7, this **MUST** be completed.

SUMMARY EVALUATION: Check the overall performance here, taking into account all factors and total performance over the full period of service being evaluated.

GOALS AND OBJECTIVES: Record agreed-upon or prescribed performance goals for next evaluation period. Record progress on any prior Goals and Objectives.

SIGNATURES: Both the rater and the employee shall date and sign the report. The employee's signature indicates the conference has been held and that an opportunity to read the report has been made. If the employee refused to sign for any reason, explain that the signature does not necessarily imply or indicate agreement with the report, and space is provided for stating any disagreement. Further refusal to sign shall be recorded and witnessed.