

# San Pasqual Valley Unified School District PERFORMANCE EVALUATION FOR CLASSIFIED EMPLOYEES

Employee Name \_\_\_\_\_ Date \_\_\_\_\_

Classification \_\_\_\_\_ Probationary: 3 Months \_\_\_\_\_ 6 Months \_\_\_\_\_

Department or School \_\_\_\_\_ Annual \_\_\_\_\_

**SECTION A: Performance Standards**

|  | 1                         | 2                                      | 3                                 |
|--|---------------------------|--|-----------------------------------|
| <b>Immediate Supervisor:</b><br>(Please check each factor in the appropriate column) | <b>Meets Expectations</b> | <b>Meets Expectations with Support</b> | <b>Does not meet Expectations</b> |

|  | 1 | 2 | 3 |
|--|---|---|---|
| 1. Punctuality                         |   |   |   |
| 2. General Attendance Pattern          |   |   |   |
| 3. Compliance With Rules & Regulations |   |   |   |
| 4. Attitude & Interpersonal Relations  |   |   |   |
| 5. Public Relations                    |   |   |   |
| 6. Pupil Interactions                  |   |   |   |
| 7. Employee Contacts                   |   |   |   |
| 8. Knowledge Of Work                   |   |   |   |
| 9. Judgment                            |   |   |   |
| 10. Organizational Skills              |   |   |   |
| 11. Job Skill Level                    |   |   |   |
| 12. Quality Of Work                    |   |   |   |
| 13. Volume Of Acceptable Work          |   |   |   |
| 14. Meeting Deadlines                  |   |   |   |
| 15. Accepts Responsibility             |   |   |   |
| 16. Accepts Direction                  |   |   |   |
| 17. Flexibility                        |   |   |   |
| 18. Appearance Of Work Station         |   |   |   |
| 19. Operation /Care Of Equipment       |   |   |   |
| 20. Safety Practices                   |   |   |   |
| 21. Initiative                         |   |   |   |
| 22. Personal Appearance                |   |   |   |

**SECTION B: Commendations/Remarks**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**SECTION C: Recommendations** (Explanation in section C is required for items marked on Col 3)

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 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Attach additional pages if needed.**

**SECTION D: Development Plan** (For items marked on Col 3)

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 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Attach additional pages if needed.**

**PROBATIONARY EMPLOYEES:**

To be completed at final evaluation  
 Recommend for permanent status: Yes  No

\_\_\_\_\_  
 Signature of Evaluator Date

\_\_\_\_\_  
 Reviewed By Date

\_\_\_\_\_  
 Employee Signature Date

I agree and will not attach a statement

I do not agree and will attach a statement

**A copy of this document will be placed in your personnel file within (20) Calendar days. Within that 20-day period, you have the right to attach a statement to this document for placement in your personnel file.**