# Bus Driver/Mechanic/Paraprofessional Evaluation

**EVALUATION OF \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**POSITION:**

***Part 1 – Professional Skills***

**I. HEALTH AND SAFETY PRACTICES**

Effectively complies with all safety practices,  Demonstrates a weakness in  Does not follow safety practices.

refrains from taking unnecessary risks. Uses compliance of safety practices, Uses unsafe driving habits that

safe driving habits. takes unnecessary risks. risk the health and safety of

passengers.

**II. KNOWLEDGE OF WORK**

Effectively able to grasp and carry  Demonstrates a weakness in following Lacks ability to follow

out job duties and responsibilities. direction, duties & responsibilities given. direction, duties and

Follows instructions in a complete and responsibility given.

thorough manner.

**III. JUDGMENT, DECISION MAKING AND DEPENDABILITY**

Effective use of judgment & ability to make Demonstrates a weakness in use of Not able to use good

good decisions regarding responsibilities. judgment, dependability and decision judgment in decision

Always dependable. making in meeting the needs of job making. Lacks ability

requirements. to meet the needs of

job requirements.

**IV. QUALITY AND ACCURACY OF WORK**

Effective ability to follow safe and Shows weakness in demonstrating Needs to improve driving

defensive driving techniques. the ability to follow safe and defensive technique. Lacks ability

driving techniques. to follow safe and defensive

driving techniques.

**V. COMMUNICATION – Written and Verbal/Radio Usage**

Effective in written and verbal com-  Shows weakness in communications  Needs to improve communi-

munication, specific to related driving both verbal and written, specific to cation and collaboration of

duties. related driving duties. information specific to

related driving duties

**VI. OPERATION AND CARE OF EQUIPMENT/WORK AREA**

Effective in the use and care of  Shows weakness in the use, know-  Lacking in the use,

equipment. ledge and care of equipment. care, and knowledge of equipment.

***Part 2 - Personal Attributes***

**I. POSITIVE INTERACTION WITH PEERS, PUBLIC AND PUPILS**

Effective interpersonal skills. Promotes  Shows weakness in communicating  Lacks ability to

respect & collaboration among staff, with staff, peers and public. communicate with

peers and public. staff, peers and public.

**II. ATTENDANCE/PUNCTUALITY**

Acceptable. Excessive - Needs to improve. Number of absences \_\_\_

Often late or absent in excess  *(Within current fiscal year)*

of accrual.

**III. WORK ATTITUDE**

Self-motivated. Enthusiastic. Accepts  Generally accepts change and takes  Lacks initiative, refuses to

change and/or new ideas in working on new responsibilities as assigned. accepts change or new respon-

with staff on new or existing ideas. sibilities in implementing new

ideas.

**IV. EFFECTIVE USE OF TIME/MEETS DEADLINES**

Shows ability to follow assigned route Needs to improve in following assigned  Lacks ability to follow

schedules & extra trip assignments. route schedules & extra trip assignments. assignments given.

**V. INITIATIVE**

Effectively shows initiative and Needs to improve initiative and attitude Frequently appears indifferent.

enthusiasm in engaging in new procedures towards new procedures and/or Shows little initiative in

and/or techniques. Self motivated. techniques. learning new ideas or offering

suggestions.

**VI. SKILL ENHANCEMENT - Training/Workshops**

Participates in workshops, committees, courses or self enhancement to improve skills.

**OVERALL EMPLOYEE RATING SUMMARY**

Effective employee; performance above average.

Performance satisfactory; additional suggestions for improvement below.

Performance unsatisfactory.

**EMPLOYMENT RECOMMENDATION**:

### \*\*FOR PERMANENT EMPLOYEE ONLY\*\*

Continue in current position  May continue on condition \* (see specific goals set)

**Do not** recommend continuance in new position

***\*\*FOR PROBATIONARY EMPLOYEE ONLY\*\****

Recommend Permanent Status **(When/If Available)**  **DO NOT** Recommend Permanent Status

**COMMENDATION:**

**RECOMMENDATION/GOALS**: (Record goals or improvement program to be undertaken during next evaluation period)

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Signature of Director Date Signature of Employee Date

*It is understood that in signing this form the employee acknowledges having seen and discussed the report. The employee’s signature does* ***not necessarily imply agreement*** *with the conclusion of the Transportation Director.*

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Signature of Reviewing Administrator Date

**Employee Comments**: (Directly related to current evaluation)

CC: Superintendent of Schools

Employee File

Employee