**EMPLOYEE PERFORMANCE ASSESSMENT - GENERAL**

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

Building: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please check all that apply: Conference Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

❒ Probationary Date of Hire: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

❒ Non-Probationary Division Seniority Date: \_\_\_\_\_\_\_\_\_\_\_\_

Purpose: The purpose of the assessment process is to discuss performance and improve communication between the employee and the administrator.

Timeliness

* New Employees – A new employee will be formally assessed during the first forty-five (45) days of employment in this position. A new employee will be formally assessed again within one (1) year following employment.
* All Employees – All employees will be formally assessed at least once every three (3) years.

Process: The assessment process steps are:

* Administrator with input from building administration shall assess employee.
* A conference will be held between evaluator and employee to review the assessment and allow for employee input.
* A final assessment is written by the administrator and given to the employee.
* The employee may choose to write an attachment of clarification.
* Final signed assessment will be placed in the employee’s personnel file.

Use the following rating scale: Assessment Levels

1 Exceeds Expectations

2 Meets Expectations

3. Needs Attention

N/A Does Not Apply

PLEASE CIRCLE ONE

1. Adaptability 1 2 3 N/A

(Ability to learn new duties and adjust to new situations)

2. Appearance 1 2 3 N/A

(Appropriate dress and grooming)

3. Attendance/Tardiness 1 2 3 N/A

4. Attitude 1 2 3 N/A

(Interest: enthusiasm toward work, fellow workers and school)

5. Dependability 1 2 3 N/A (Accountable for assigned jobs and results)

6. Initiative 1 2 3 N/A

(Performs tasks with minimal supervision)

7. Knowledge of Job 1 2 3 N/A

(Understanding of basic methods and procedures of job)

8. Quality of Work 1 2 3 N/A

(How well the work is done)

9. Quantity of Work 1 2 3 N/A

(Volume of acceptable work compared to what is expected)

10. Work Habits/Effective Use of Time 1 2 3 N/A

(Uses time wisely to perform daily tasks)

SUPERVISOR COMMENTS

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

EMPLOYEE COMMENTS

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

SUMMARY COMMENTS (optional)

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

Overall assessment rating for this employee’s job effectiveness:

❒ Exceeds Expectations ❒ Meets Expectations ❒ Needs Attention

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

Signature of Administrator Conducting the Assessment Date

❒ I will attach a personal statement of clarification to this assessment.

❒ I have reviewed this assessment with my supervisor and have been given a copy.

The presence of the employee’s signature indicates that the assessment form has been reviewed by the employee. It does not imply agreement with the assessment.

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

Signature of Employee Date

Distribution of Signed Assessment:

Original: Personnel

Copies: Employee

Administrator