

## ANNUAL EVALUATION FOR CLASSIFIED EMPLOYEES

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

School/Facility \_\_\_\_\_

Areas of Competencies (Check only areas that are job specific)		Unacceptable	Needs Improvement	Satisfactory
1.	Knowledge of work			
2.	Neatness of work			
3.	Accuracy of work			
4.	Volume of work			
5.	Completion of work on schedule			
6.	Planning and organization			
7.	Orderliness of work			
8.	Follows instructions			
9.	Observance of safety rules			
10.	Interest in job			
11.	Getting along with fellow employees			
12.	Dependability			
13.	Oral or written expression			
14.	Attitude toward policies			
15.	Attitude toward supervision			
16.	Initiative and self-reliance			
17.	Judgment			
18.	Personal appearance			
19.	Attendance and punctuality			
20.	Leadership			
21.	Training and instructing			
22.	Fairness and impartiality			
23.	Tactfulness			

Use the space below for comments. Recommendations, commendations and/or discussions should be noted. A written explanation is required for an unacceptable ranking. (If additional space is needed, please attach sheet to evaluation form.)

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**RECOMMENDATION** – This person is recommended for: (check appropriate space)

- A. Continuation in his/her present position \_\_\_\_\_
- B. Continuation, but with probationary status \_\_\_\_\_
- C. Employment should be terminated with appropriate notice \_\_\_\_\_

<p>This report is based on my observation and/or knowledge. It represents my best judgment of the performance of the employee.</p>  <p>_____ <i>Evaluator's Signature &amp; Date</i></p>  <p>_____ <i>Principal's/Supervisor's Signature &amp; Date</i></p>	<p>This report has been discussed with me.</p>  <p>_____ <i>Employee's Signature &amp; Date</i></p>
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