

SCHOOL DISTRICT OF GADSDEN COUNTY

CLERICAL ASSISTANT

PERFORMANCE APPRAISAL

Name _____ Position _____

School / Dept. _____ School Year _____

1. SERVICE DELIVERY

Category Definitions

1. Enter student data.
2. Operate office machines.
3. Type letters, forms, and reports.
4. Assist in maintaining files, answer telephones, and distribute mail.
5. Meet the public in a courteous and helpful manner.

Source Code (circle choices)

- | | | | | | |
|-------------------------------|-------------------------|---------------------------|---|-----------------------|--------------------------|
| A. Behavioral Event Interview | B. Direct Documentation | C. Indirect Documentation | D. Training Programs Competency Acquisition | E. Evaluatee Provided | F. Confirmed Observation |
|-------------------------------|-------------------------|---------------------------|---|-----------------------|--------------------------|

Rating Code (circle one)

- | | | | | |
|----------------|-------------------|-----------|----------------|-------------|
| Unsatisfactory | Needs Improvement | Effective | Very Effective | Outstanding |
|----------------|-------------------|-----------|----------------|-------------|

CLERICAL ASSISTANT (Continued)

2. EMPLOYEE QUALITIES / RESPONSIBILITIES

Category Definitions

- 6. Work cooperatively with others.
- 7. Maintain good attendance and punctuality.
- 8. Use effective, positive interpersonal communication skills.

Source Code (circle choices)

- | | | | | | |
|--------------------------------------|--------------------------------|----------------------------------|--|------------------------------|---------------------------------|
| A. Behavioral Event Interview | B. Direct Documentation | C. Indirect Documentation | D. Training Programs Competency Acquisition | E. Evaluatee Provided | F. Confirmed Observation |
|--------------------------------------|--------------------------------|----------------------------------|--|------------------------------|---------------------------------|

Rating Code (circle one)

- | | | | | |
|-----------------------|--------------------------|------------------|-----------------------|--------------------|
| Unsatisfactory | Needs Improvement | Effective | Very Effective | Outstanding |
|-----------------------|--------------------------|------------------|-----------------------|--------------------|

3. SYSTEM SUPPORT

Category Definitions

- 9. Perform data entry for FTE, ESOL, ESE and other data which is tied to student funding.
- 10. Remain sensitive to needs of students, parents, and staff.
- 11. Perform other duties as assigned.

Source Code (circle choices)

- | | | | | | |
|--------------------------------------|--------------------------------|----------------------------------|--|------------------------------|---------------------------------|
| A. Behavioral Event Interview | B. Direct Documentation | C. Indirect Documentation | D. Training Programs Competency Acquisition | E. Evaluatee Provided | F. Confirmed Observation |
|--------------------------------------|--------------------------------|----------------------------------|--|------------------------------|---------------------------------|

Rating Code (circle one)

- | | | | | |
|-----------------------|--------------------------|------------------|-----------------------|--------------------|
| Unsatisfactory | Needs Improvement | Effective | Very Effective | Outstanding |
|-----------------------|--------------------------|------------------|-----------------------|--------------------|

CLERICAL ASSISTANT (Continued)

4. WORKSITE SERVICE STANDARDS

Control Dimension

Student growth and achievement, the work ethic, fostering and developing professional image, collaboration and affirmative networking, systemic and systematic preparation for function delivery, interpersonal interaction, teammanship and communication skills, translating organizational purpose into observable behavior and others.

(Special Note)

An effective or higher rating is required in this job context category in order to be eligible for an overall effective or higher rating.

Source Code (circle choices)

- | | | | | | |
|--------------------------------------|--------------------------------|----------------------------------|--|------------------------------|---------------------------------|
| A. Behavioral Event Interview | B. Direct Documentation | C. Indirect Documentation | D. Training Programs Competency Acquisition | E. Evaluatee Provided | F. Confirmed Observation |
|--------------------------------------|--------------------------------|----------------------------------|--|------------------------------|---------------------------------|

Rating Code (circle one)

- | | | | | |
|-----------------------|--------------------------|------------------|-----------------------|--------------------|
| Unsatisfactory | Needs Improvement | Effective | Very Effective | Outstanding |
|-----------------------|--------------------------|------------------|-----------------------|--------------------|

5. ASSESSMENT AND OTHER SERVICES

Control Dimension

The use of the adopted performance appraisal system for instructional and other employees.
The accurate and timely filing of all school reports.
The completion of required professional development services.

(Special Note)

An effective or higher rating is required in this job context category in order to be eligible for an overall Effective or higher rating.

Source Code (circle choices)

- | | | | | | |
|--------------------------------------|--------------------------------|----------------------------------|--|------------------------------|---------------------------------|
| A. Behavioral Event Interview | B. Direct Documentation | C. Indirect Documentation | D. Training Programs Competency Acquisition | E. Evaluatee Provided | F. Confirmed Observation |
|--------------------------------------|--------------------------------|----------------------------------|--|------------------------------|---------------------------------|

Rating Code (circle one)

- | | | | | |
|-----------------------|--------------------------|------------------|-----------------------|--------------------|
| Unsatisfactory | Needs Improvement | Effective | Very Effective | Outstanding |
|-----------------------|--------------------------|------------------|-----------------------|--------------------|

CLERICAL ASSISTANT (Continued)

OVERALL RATING: (enter total scores)

Input from parents and teachers was collected and analyzed in preparation of this report.

Unsatisfactory _____ Needs Improvement _____ Effective _____ Very Effective _____ Outstanding _____

Comments of the Evaluatee:

This evaluation has been discussed with me: Yes ____ No ____

Signature of Evaluatee

Date

Comments of the Evaluator:

Signature of Evaluator

Date