

Santa Maria Joint Union High School District CLASSIFIED EVALUATION

Name: _____

Position: _____

Period Covered: _____

Evaluator: _____

Date: _____

Status	
<input type="checkbox"/> Permanent	<input type="checkbox"/> Probation/Promotion
<input type="checkbox"/> Temporary	_____ Eval #1
<input type="checkbox"/> Out of Class	_____ Eval #2

Exceeds Standards	Meets Standard	Needs Improvement*	Standard not met*	Not Observed	Not Applicable
-------------------	----------------	--------------------	-------------------	--------------	----------------

***Comment Required**

I.	General						
	A. Is punctual and observant of work hours						
	B. Is regular in attendance						
	C. Uses chain of command						
	D. Complies with laws, regulations, policies and procedures						
	E. Complies with health and safety practices						
Comments:							
	II. Contacts with pupils, public and staff						
	A. Demonstrates effective student contacts						
	B. Demonstrates effective public contacts						
	C. Demonstrates effective staff contacts						
	D. Is courteous, tactful and uses appropriate language						
Comments:							
	III. Conduct and dependability						
	A. Accepts direction						
	B. Adapts to change						
	C. Accepts responsibility						
	D. Maintains composure						
	E. Appearance appropriate for job						
	F. Maintains a hazard free work station with an acceptable appearance						
Comments:							
	IV. Productivity & work habits						
	A. Demonstrates good work judgments/decisions						
	B. Demonstrates good planning, organization and work coordination skills						
	C. Completes tasks as scheduled						
	D. Properly uses and cares for equipment and supplies						
Comments:							
	V. Quality of work						
	A. Possesses and maintains qualifications and job skills						
	B. Knowledge of job duties						
	C. Volume of acceptable work						
	D. Performs tasks accurately, neatly and thoroughly						
Comments:							
	VI. Overall Performance						

Classified Evaluation Summary

Goals:

Progress Achieved:

Strengths:

Deficiencies: (Required if "Needs Improvement" or "Fails to Meet Standards" has been checked)

- Goals:

- Improvement Program:

By signing below, I acknowledge that this report has been discussed with me. I understand that my signature does not necessarily indicate agreement.

Employee Signature

Date

Supervisor Signature

Date

Employee Comments (optional):