

SCHOOL DISTRICT OF GADSDEN COUNTY

SCHOOL FOOD SERVICE WORKER

PERFORMANCE APPRAISAL

Name \_\_\_\_\_ Position \_\_\_\_\_

School / Dept. \_\_\_\_\_ School Year \_\_\_\_\_

1. SERVICE DELIVERY

Category Definitions

- 1. Be responsible for performance of duties assigned by the Manager.
2. Be responsible for preparation and serving of food and the cleaning duties assigned by the Manager.
3. Serve in any capacity which may be necessary.
4. Observe all safety rules and report any accident to Manager.
5. Take proper care of equipment and facilities.
6. Demonstrate proper health and sanitation practices.
7. Participate in on-going inservice programs.

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

**SCHOOL FOOD SERVICE WORKER (Continued)**

**2. EMPLOYEE QUALITIES / RESPONSIBILITIES**

<b>Category Definitions</b>					
<p>8. Work independently or as a team member.            9. Work cooperatively with other workers.            10. Display a pleasant attitude toward students.            11. Report to work punctually and regularly.            12. Follow all school and food service policies.</p>					
<b>Source Code</b> <small>(circle choices)</small>					
A. Behavioral Event Interview	B. Direct Documentation	C. Indirect Documentation	D. Training Programs Competency Acquisition	E. Evaluatee Provided	F. Confirmed Observation
<b>Rating Code</b> <small>(circle one)</small>					
Unsatisfactory	Needs Improvement	Effective	Very Effective	Outstanding	

**3. SYSTEM SUPPORT**

<b>Category Definitions</b>					
<p>13. Communicate well with Manager.            14. Represent the School Board in a positive manner.            15. Perform other duties as assigned.</p>					
<b>Source Code</b> <small>(circle choices)</small>					
A. Behavioral Event Interview	B. Direct Documentation	C. Indirect Documentation	D. Training Programs Competency Acquisition	E. Evaluatee Provided	F. Confirmed Observation
<b>Rating Code</b> <small>(circle one)</small>					
Unsatisfactory	Needs Improvement	Effective	Very Effective	Outstanding	

**SCHOOL FOOD SERVICE WORKER (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, teamsmanship 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)

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

**Rating Code** (circle one)

- |                       |                          |                  |                       |                    |
|-----------------------|--------------------------|------------------|-----------------------|--------------------|
| <b>Unsatisfactory</b> | <b>Needs Improvement</b> | <b>Effective</b> | <b>Very Effective</b> | <b>Outstanding</b> |
|-----------------------|--------------------------|------------------|-----------------------|--------------------|

**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)

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

**Rating Code** (circle one)

- |                       |                          |                  |                       |                    |
|-----------------------|--------------------------|------------------|-----------------------|--------------------|
| <b>Unsatisfactory</b> | <b>Needs Improvement</b> | <b>Effective</b> | <b>Very Effective</b> | <b>Outstanding</b> |
|-----------------------|--------------------------|------------------|-----------------------|--------------------|

**SCHOOL FOOD SERVICE WORKER (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**