

**SANTEE SCHOOL DISTRICT  
PERFORMANCE EVALUATION FOR PERMANENT CLASSIFIED EMPLOYEES**

Name of Employee: \_\_\_\_\_

Period Covered by Evaluation: \_\_\_\_\_ to \_\_\_\_\_

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

School/Department: \_\_\_\_\_

Evaluation Status:  Biannual  Special  Assistance Plan Required

Next evaluation to occur by: \_\_\_\_\_

If "Unsatisfactory" is checked, an Assistance Plan will be developed. The Plan must include reasons for the rating and indicate suggestions for improvement. If "Unsatisfactory" is checked, indicate reasons in the "Comments" section. If "Satisfactory" is checked, completion of the comments section is optional. Additional comments may be added or attached.

S = Satisfactory    NI = Needs Improvement    U = Unsatisfactory    NA = Not Applicable

ADAPTABILITY:	S	NI	U	NA	COMMENTS
Accepts change	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Adjustment to job	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Ease with which new duties are learned	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
RELATIONSHIP WITH PEOPLE:	S	NI	U	NA	COMMENTS
Works well with: Employees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Students	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Public	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
ATTITUDE TOWARD WORK:	S	NI	U	NA	COMMENTS
Interest in work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Complies with rules, regulations, and policies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Willingness and ability to accept and carry out responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Initiative / Resourcefulness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
QUALITY/QUANTITY OF WORK:	S	NI	U	NA	COMMENTS
Meets time schedules for work assignments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Accuracy in work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Proper care of materials and equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Follow through/Thoroughness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Technical knowledge of job	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Demonstrates competency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Quantity of work - the amount of work completed and the speed with which it is completed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

PROFESSIONAL QUALITIES:	S	NI	U	NA	COMMENTS
Appropriate attire	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Observance of work hours	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Regular attendance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
DEPENDABILITY:	S	NI	U	NA	COMMENTS
Attends to duties in absence of supervision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Follows instructions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Good judgment; uses common sense	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SAFETY PERFORMANCE:	S	NI	U	NA	
During past 3 years: Number of disabling work injuries _____ Number of work-related medical treatment injuries _____ Number of moving violations in a District vehicle _____ Number of motor vehicle accidents in a District vehicle _____ Number of safety violations _____ Number of work days lost due to above _____					
Cooperation in carrying out district safety policies	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Work safety record	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	

EVALUATOR'S COMMENTS:

Signature of Evaluator \_\_\_\_\_

Date \_\_\_\_\_

EMPLOYEE'S COMMENTS:

=====

This Performance Evaluation has been discussed with the employee

\_\_\_\_\_ Yes \_\_\_\_\_ No If no, why? \_\_\_\_\_

\_\_\_\_\_ I have read the above evaluation \_\_\_\_\_

\_\_\_\_\_ I agree with the evaluation

\_\_\_\_\_ I disagree with the evaluation (comments may be attached within 10 working days)

\_\_\_\_\_ I would like to discuss this evaluation with the next level of administration

Signature of Employee \_\_\_\_\_

Conference Date \_\_\_\_\_

Signature of Evaluator \_\_\_\_\_

Conference Date \_\_\_\_\_

=====

As requested, I discussed evaluation with employee on \_\_\_\_\_

I do/do not concur in the ratings given by the rater. I have/have not made changes in the evaluation.

Signature of next level of administration \_\_\_\_\_

Conference Date \_\_\_\_\_