

PERFORMANCE EVALUATION REPORT

Classified Personnel

FOLSOM CORDOVA UNIFIED SCHOOL DISTRICT

EMPLOYEE NAME	LOCATION NAME
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CLASS TITLE	EMPLOYEE STATUS	IF UNSCHEDULED REPORT CHECK HERE <input type="checkbox"/>	DUE DATE:
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SECTION A	a	b	c	d	FACTOR CHECK LIST	e	SECTION B	Record job STRENGTHS & superior performance.	
					Immediate Supervisor Must Check Each Factor in the Appropriate Column	DOES NOT APPLY			
	NOT SATISFACTORY REQUIRES IMPROVEMENT	EFFECTIVE - MEETS STDS.	EXCEEDS STANDARDS		1. OBSERVANCE OF WORK HOURS		SECTION C	Record PROGRESS ACHIEVED in attaining previously set goals for improved work performance, for personal or job qualifications.	
					2. ATTENDANCE				
					3. GROOMING & DRESS				
					4. COMPLIANCE WITH RULES				
					5. SAFETY PRACTICES				
					6. PUBLIC CONTACTS				
					7. PUPIL CONTACTS				
					8. EMPLOYEE CONTACTS				
					9. KNOWLEDGE OF WORK				
					10. WORK JUDGMENTS		SECTION D	Record specific GOALS or IMPROVEMENT PROGRAMS to be undertaken during next evaluation period.	
					11. PLANNING AND ORGANIZING				
					12. JOB SKILL LEVEL				
					13. QUALITY OF WORK				
					14. VOLUME OF ACCEPTABLE WORK				
					15. MEETING DEADLINES				
					16. ACCEPTS RESPONSIBILITY				
					17. ACCEPTS DIRECTION				
					18. ACCEPTS CHANGE		SECTION E	Record specific work performance DEFICIENCIES or job behavior requiring improvement or correction. (Explain checks in Col. a)	
					19. EFFECTIVENESS UNDER STRESS				
					20. APPEARANCE OF WORK STATION				
					21. OPERATION & CARE OF EQUIP.				
					22. WORK COORDINATION				
					23. INITIATIVE				
					ADDITIONAL FACTORS				
SUMMARY EVALUATION — Check Overall Performance —									
							<input type="checkbox"/> NOT SATISFACTORY <input type="checkbox"/> REQUIRES IMPROVEMENT <input type="checkbox"/> EFFECTIVE—MEETS STANDARDS <input type="checkbox"/> EXCEEDS STANDARDS		
ADDITIONAL FACTORS FOR SUPERVISORS									
					24. PLANNING & ORGANIZING		RATER: <input type="checkbox"/> I DO <input type="checkbox"/> DO NOT recommend this employee be granted permanent status.		
					25. SCHEDULING & COORDINATING		(RATER'S SIGNATURE)	(TITLE)	
					26. TRAINING & INSTRUCTING			(DATE)	
					27. PRODUCTIVITY		REVIEWER: (IF NONE, SO INDICATE)		
					28. EVALUATING SUBORDINATES		(REVIEWER'S SIGNATURE)	(TITLE)	
					29. JUDGMENTS & DECISIONS			(DATE)	
					30. LEADERSHIP		EMPLOYEE: I certify that this report has been discussed with me. I understand my signature does not necessarily indicate agreement.		
					31. OPERATIONAL ECONOMY		Comment:		
					32. SUPERVISORY CONTROL				
					ADDITIONAL FACTORS				
							(EMPLOYEE'S SIGNATURE)	(DATE)	
CHECKS IN COL. (a) MUST BE EXPLAINED IN SECTION E									
CHECKS IN COL. (d) MUST BE EXPLAINED IN SECTION B									

— SEE INSTRUCTIONS ON REVERSE SIDE —