

- CLASSIFIED PERSONNEL -**Classified Personnel Evaluation**

EMPLOYEE'S NAME _____ SCHOOL YEAR _____

WORKSITE/SCHOOL _____ SUPERVISOR _____

POSITION:☐ BUS DRIVER☐ MAINTENANCE PERSONNEL☐ CUSTODIAN☐ BUS MECHANIC☐ INSTRUCTIONAL ASSISTANT☐ OTHER, SPECIFY _____☐ CLERICAL PERSONNEL

SCHOOL NUTRITION PERSONNEL - School Nutrition personnel shall be evaluated using page four (4), District School Nutrition Evaluation Form.

EXPLANATION OF THE SCALE:

SATISFACTORY (S)

UNSATISFACTORY (U)

IMPROVEMENT NEEDED (IN)

NOT APPLICABLE (NA)

JOB KNOWLEDGE:

Evaluate skill/knowledge of the information, procedures, materials, equipment, techniques, etc., required for the position.

- (a) Has necessary skills to complete tasks required in current job.
- (b) Understands and completes all records, reports, and documents required.
- (c) Has working knowledge of equipment/material that is necessary for completion of assigned task.
- (d) Attends appropriate in-service programs.
- (e) Adheres to Board policies.

| S | IN | U | NA |
|---|----|---|----|
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Comments: _____

PRODUCTIVITY AND QUALITY OF WORK:

Rate the completion, accuracy, timeliness, and volume of work.

- (a) Completes the required tasks.
- (b) Completes tasks accurately.
- (c) Completes tasks in a timely manner.
- (d) Uses proper safety measures when working.
- (e) Takes initiative in seeking and completing tasks without supervision.

| S | IN | U | NA |
|---|----|---|----|
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Comments: _____

Classified Personnel Evaluation**RESPONSIBILITY, DEPENDABILITY, AND ATTENDANCE:**

Consider efforts to ensure the successful completion of tasks, extra efforts made to meet work demands, attendance, dependability, and general assistance.

- (a) Uses discretion with confidential or privileged information.
- (b) Follows directions.
- (c) Uses good judgment in performing responsibilities.
- (d) Organizes work responsibilities and sets priorities.
- (e) Has a good attendance record.
- (f) Reports to work punctually.
- (g) Returns to work from break and/or lunch punctually.

| S | IN | U | NA |
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Comments: _____

INTERPERSONAL RELATIONS:

Consider relationships with other employees, students, and the community, and willingness to perform required duties and to help others accomplish tasks.

- (a) Deals with students and parents in a positive, constructive manner.
- (b) Deals with colleagues and supervisors in a positive, constructive manner.
- (c) Cooperates in accomplishing school and District goals and objectives.
- (d) Handles problems in a constructive and fair manner.
- (e) Works through line/staff relationships when addressing problems.
- (f) Offers differing opinions in a constructive and helpful manner
- (g) Demonstrates effective written and verbal communication skills.

| S | IN | U | NA |
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Comments: _____

SUMMARY

Overall job performance on applicable items.

| S | IN | U | NA |
|---|----|---|----|
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Classified Personnel Evaluation

Overall, does the employee meet the designated performance standards? ☐ Yes ☐ No

Comment: _____

Growth and Development: Activities in which the employee has participated which could increase job effectiveness.

Improvement in the areas noted on this evaluation can be achieved by the following:

This review has been discussed with the employee who has been given a copy. Signatures acknowledge completion of the evaluation and not necessarily agreement.

(Employee's Signature) (Date) (Supervisor's Signature) (Date)

Employee's Comments: _____

School Nutrition Evaluation Form

Employee's Name _____ School _____

Name of Person completing Form _____ Date Completed _____

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|----------|-----------|----------|-----------|--|
| S | NI | U | NA | Key: S=Satisfactory, NI=Needs Improvement, U=Unsatisfactory; NA=Not Applicable |
|----------|-----------|----------|-----------|--|

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|--|--|--|--|---|
| | | | | PERSONAL HYGIENE AND APPEARANCE |
| | | | | Neat and clean at all times |
| | | | | Well-fitted uniform and appropriate shoes |
| | | | | Hair clean |
| | | | | Good physical and mental health – able to carry normal load |

| | | | | |
|--|--|--|--|---|
| | | | | PERSONALITY |
| | | | | Works and cooperates with other workers, administrators, students, etc. |
| | | | | Respects the opinion of others |
| | | | | Capable of controlling emotions |
| | | | | Friendly, understanding and helpful |
| | | | | Courteous |
| | | | | Honest |

| | | | | |
|--|--|--|--|--|
| | | | | SANITATION AND SAFETY |
| | | | | Practices safety precautions to avoid accidents |
| | | | | Accepts responsibility to be sure that all food prepared and served is safe |
| | | | | Uses sanitary work habits |
| | | | | Operates equipment according to manufacturer's instructions to eliminate hazards and lengthens the life of the equipment |

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|--|--|--|--|--|
| | | | | TIME MANAGEMENT |
| | | | | Manages time well |
| | | | | Arrives at work on time |
| | | | | Has good attendance record, absent only for sickness/emergencies |
| | | | | Plans work and use of time, motion, and equipment before beginning a job |
| | | | | Studies jobs which are repeated to see if improvements can be made |

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|--|--|--|--|--|
| | | | | SKILLS |
| | | | | Knowledge of USDA Type A School Lunch Pattern and basics of good nutrition |
| | | | | Capable of working in each station if necessary |
| | | | | Uses standard recipes and measures accurately to prepare quality food |
| | | | | Uses commodity foods to lower cost of food served |
| | | | | Helps manage keep track of all food and equipment inventory |
| | | | | Serves food attractively with a smile |

COMMENTS:**DECLARATION OF INTENT:**

____ I plan to return to work for the District next school year.

____ I intend to retire or seek employment elsewhere at the close of this school year.

____ I plan to retire at the close of this school year but request to remain on the substitute list ☐ at my school ☐ at any school

I have had the opportunity to discuss this appraisal with my evaluator. I understand that it is my privilege to file written comments concerning this appraisal with the Principal and the Central Office.

Employee Signature_____
Date_____
Evaluator Signature_____
Date**TO THE EVALUATEE:** Your signature denotes that you have seen and received results of this evaluation report.**RELATED PROCEDURE:**

03.28 AP.22

Review/Revised:8/28/02