

Todd County School District



2023 – 2026
Classified Evaluation Plan

TODD COUNTY SCHOOL DISTRICT

2023 - 2026 Classified Evaluation Plan

Mark Thomas, Superintendent
Todd County Board of Education
205 Airport Road
Elkton, KY 42220
Phone 270.265.2436
www.todd.kyschools.us

As required by law, the Board of Education does not discriminate on the basis of race, color, national or ethnic origin, age, religion, sex (including sexual orientation or gender identity), genetic information, disability, or limitations related to pregnancy, childbirth, or related medical conditions in its programs and activities and provides equal access to its facilities to the Boy Scouts and other designated youth groups.

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Todd County Board of Education

I. ASSURANCES

Todd County Schools hereby assure the Todd County Board of Education:

This evaluation plan was developed by a committee appointed by the Superintendent and was composed of classified employees and certified employees.

All classified personnel will be oriented to the evaluation process and criteria within thirty (30) days after beginning employment. They will be given documents (job description and evaluation) at that time.

The Superintendent/ Designee may require growth plans of those in supervisory capacity (ex. Program Administrators).

Each evaluator will be trained in appropriate evaluation techniques and the use of local instruments and procedures prior to the implementation of the plan.

All classified employees will be observed a minimum of one time and one evaluation will be completed annually.

All monitoring will be with the full knowledge of the employee.

This evaluation plan will be reviewed every two years (even years) and revisions will be submitted to the Todd County Board of Education for approval.

This evaluation plan will not discriminate on the basis of race, national origin, religion, marital status, sex, or disability.

Each person evaluated will have a conference with the evaluator regarding his/her Performance Evaluation Report and the person evaluated will be given a copy of the report.

Each person evaluated will be provided an opportunity for a review of his/her Performance Rating Report.

The Todd County Board of Education approved this evaluation plan as recorded in the minutes of the meeting held on _____, 2022.

Signature of the Superintendent

Date

Signature of the Director of Personnel

Date

Signature of the TCSD Chairperson

Date

Todd County School District

II. PERFORMANCE EVALUATION PLAN (PEP) INFORMATION & COMMITTEE

Todd County 270.265.2436
Name of District Phone Number

205 Airport Road, Elkton, Kentucky, 42220
Address

Mark Thomas, Superintendent

Dr. Wendy M. Duvall, Assistant Superintendent & Director of Personnel

Evaluation Plan Development Committee Members and their Position Titles:

- Dr. Wendy M. Duvall – District Office – Assistant Superintendent & Director of Personnel
- Reda Reinhart- District Office – Director of Transportation
- Yvonne Rundall – North Todd Elementary School – Assistant Principal
- Amanda Jordan – Administrative Assistant to the Superintendent
- Patricia Kranz – North Todd Elementary School – Cafeteria Manager
- Loretta White – Transportation – Bus Driver
- Annette Baxter – TC Tots – KESPA Representative
- Kelli Templeman – Todd County Central High School – Youth Service Center
- Tracy Latham – Horizons Academy – Instructional Assistant
- Denise Dossett – Todd County Middle School – Account Clerk

Todd County School District

III. PERFORMANCE EVALUATION PLAN

A. Policy Statement

The purpose of the Todd County Performance Evaluation Plan (TCPEP) is to provide an environment that will enhance student learning. The TCPEP is an evaluation system that is based on the monitoring and performance responsibilities assigned to employees.

PEP is an on-going process that requires time and commitment from both evaluators and employees. The process is developed and implemented in an atmosphere of mutual trust and respect for the roles of employees and evaluators alike. A fair and objective evaluation system includes an appeals process.

B. Procedures

The PEP includes a Performance Planning and Review phase. This will consist of an annual review. The planning and review phase is designed to provide feedback to improve performance.

The PEP will conclude with a Performance Evaluation Report. This will be a composite of information obtained through the performance planning and review phase and will serve as a basis for administrative decision making. A Performance Rating Report will be completed for classified employees each year.

The principal / designee, director of a department, is responsible for the administration of the PEP in his/her building. The administrator/designee may seek input from other staff who supervises the employee on a daily basis. The Superintendent for his/her designee is responsible for administration of the PEP with other classified employees.

C. Terminology

PERFORMANCE EVALUATION PLAN (PEP)- A process for professional improvement through the identification of job-related expectations, documentation of skills relative to those expectations, feedback regarding skill performance, opportunity for improvement, and job-related decision making.

PERFORMANCE PLANNING & REVIEW- The development portion of performance evaluation designed to promote communication, personal growth, and performance improvement.

PERFORMANCE AREA (PA)- Grouping of criteria that are similar, i.e., Task Management, Task Responsibility, and Interpersonal Relationships.

PERFORMANCE RESPONSIBILITIES (PR)- Job description criteria correlated with the performance area.

PERFORMANCE EVALUATION (PE)- Job-related expectations based on Performance Responsibilities.

CRITERIA- Job-related expectations.

DESCRIPTORS- Phrases or statements which collectively convey the meaning of criterion. (These statements are not all inclusive.)

PERFORMANCE RATING REPORT- Decision-making process regarding job employment as required by state law.

IV. PERFORMANCE BASED EVALUATION PROCESS

The following is an explanation of the procedures for performance-based evaluation. The process begins with training/orientation for employees; continues with the Performance Planning and Review and culminates in the Performance Rating Report.

1. ORIENTATION

EMPLOYEES

Annual in-service/orientation sessions will be conducted by the district and /or school to improve the consistency and quality of the employee's skills within thirty (30) days of beginning employment. This session will include:

- Information of the evaluation process and procedures, and
- An understanding of the role the employee and role of the evaluator

2. EVALUATION SCHEDULING

SUGGESTED SCHEDULING FOR EMPLOYEES

A Performance Rating Report will be completed for employees each year. This report should be completed prior to April 1, when practical.

3. PERFORMANCE PLANNING AND REVIEW

A conference will be conducted with each classified employee to review the Performance Rating Report.

The evaluator and the employee will sign and retain a copy of the Performance Rating Report to indicate the document has been read and discussed. The employer's copy will be placed in the employee's personnel file at the District Office.

4. PERFORMANCE PLANNING AND REVIEW CONFERENCES

The evaluator will provide the employee with a copy of the original Performance Rating Report before or during the conference. The review will provide the basis for the discussion.

The evaluator and the employee will sign and retain a copy of the Performance Rating Report to indicate the document has been read and discussed.

5. PERFORMANCE IMPROVEMENT PLANS

If an employee receives an unsatisfactory Performance Rating Report, then a Performance Growth Plan Checked "Assistance" can be developed by the evaluator and employee. **If non-renewal proceeding have not taken place.

Performance Growth Plans include measurable, precise objectives states in terms that will assist in attainment of objectives.

The evaluator and/or the employee shall initiate a Performance Growth Plan if employee is being recommended for re-hire.

A Performance Growth Plan will be jointly written by evaluator and employee on the Performance Growth Plan Form. (A copy will be signed and retained by the evaluator and employee.)

When a Performance Growth Plan has been satisfactorily achieved, the evaluator and the employee will date and sign the Performance Growth Plan Form. If not achieved by the target date, the Plan may be revised by the evaluator and employee. When appropriate, additional personnel, approved by the evaluator, may provide assistance to the employee in the completion of Professional Improvement Plans for the improvement of performance skills.

Each employee shall annually complete a Growth Plan. (Enrichment or Assistance).

V. APPEAL FROM PERFORMANCE RATING REPORT

The Todd County School Appeals Policy includes the establishment of an Appeals Panel and the due process of appeals (Grievance Procedure).

The Appeals Panel will be:

- Composed of two panel members elected by classified employees of the district with two alternate members elected to serve in the event that two regular members cannot serve. Panel members and alternates will be classified district employees.
- One certified employee appointed by the Board of Education and one certified name as an alternate. The Board appointed member will serve as the chairperson of the panel.
- Terms of the panel will run for three (3) years and run from July 1 to June 30. Members should be allowed to be re-appointed and/or re-elected.
- No member of the panel will service on any appeal in which he/she was the evaluator.
- Panel members will not serve on any appeal brought by the member's immediate family. The immediate family is defined as: husband/wife, brother/sister, mother/father, son/daughter and/or a significant other. Any panel member may opt to not serve when a family member (distant relative) is involved. At that time, an alternate panel member will serve.

Any employee has a right within five (5) school days following a Performance Rating Report to have a signed and dated written response permanently attached to the Performance Rating Report.

The employee's evaluator and the Superintendent will review, countersign, and date any employee written response to the Performance Rating Report before any recommendation based on the Performance Rating Report is made to the Board of Education to terminate the employee.

On the Performance Rating Report, if the evaluator has made an employment recommendation other than "Re-employment" the employee may request a meeting with the Appeals Panel. At such meeting, which shall occur within five (5) school days from the date of the request, the employee may present additional oral comments for consideration by the Appeals Panel in reviewing the Performance Rating Report.

The five (5) school days' time period under this procedure will begin to run the day after the first Performance Rating Report Conference in which the evaluator has made an Evaluator's Employment Recommendation.

The panel will make a recommendation to the Superintendent within fifteen (15) school days from the date of filing the appeal. Where the Superintendent is the evaluator the recommendations of the panel go directly to the Board of Education. On receipt of the panel's recommendation, the Superintendent will file the panel's recommendation in the employee's personnel file with the original evaluation form.

The Superintendent will be allowed to hold a hearing or order a new evaluation by a second certified evaluator as the Superintendent terms necessary. If a new evaluation is made, both evaluations should be placed in the employee's personnel file. Or the Superintendent may choose to uphold the original evaluation.

VI. DUE PROCESS POLICY AND PROCEDURES

The contract of an employee shall remain in force during good behavior and efficient and competent service by the employee and shall not be terminated except for any of the following causes:

- A. Insubordination, including but not limited to violation of the school laws of the state or administrative regulations adopted by the State Board for Elementary and Secondary Education for lawful rules and regulations established by the local board of education for the operation of schools, or refusal to recognize or obey the authority of the Superintendent, Principal, or any other supervisory personnel of the board in the performance of their duties.
- B. Immoral character or conduct unbecoming a public employee.
- C. Physical or mental disability.
- D. Inefficiency, incompetence, or neglect of duty, when a written statement identifying the problems or difficulties has been furnished the employee involved.

Charges under section (A) and (D) of this section shall be supported by a written record of the employee's performance by the Superintendent, Principal, or other supervisory personnel of the district, except when the charges are brought as a result of a recommendation made by the Kentucky Department of Education.

Charges under section (A) and (D) of the section will initiate the District Progressive Discipline Hierarchy Guidelines as follows:

DISTRICT HIERARCHY GUIDELINES

- First Response: Private Reprimand – Letter in personnel file.
- Second Response: Private Warning – Letter in personnel file.
- Third Response: Suspension without pay for three (3) days.
- Fourth Response: Termination Process begins.

- (1) No contract shall be terminated except upon notification of the board by the Superintendent. Prior to the notification to the board, the Superintendent shall furnish the employee with a written statement specifying in detail the charge against the employee. The employee may within five (5) school days after receiving the charge, notify the Superintendent of his/her intention to answer the charge, and upon failure of the employee to give written notice within five (5) school days, the dismissal shall be final.
- (2) Upon receiving the employee's notice of his/her intention to answer the charge, the Superintendent/designee shall conduct a review of the situation and shall decide, based upon the facts in the case as indicated by reviewing written evidence and interviewing all parties directly involved in the complaint, either separately or together.

- (3) The Superintendent shall make an interpretation of the evidence and a make a final determination. The Superintendent shall prepare a written report to be attached to the employee's records. A copy of the grievance and the determination shall be supplied to the Board of Education and the employee.
- (4) If the employee feels they have been discriminated against or denied an opportunity because of their race, color, national origin, age, marital status, sex, or handicap, they have the right to file an informal and/or formal grievance as follows:

Todd County School District, Director of Personnel
205 Airport Road
Elkton, KY 42220
270.265.2436

****This process is conducted through the Title IX, Title VI, and Section 504 Coordinators. ****

Title IX Coordinators: Dr. Wendy M. Duvall, Kim Justice (Staff)

Title IX Coordinators: Kenneth Anderson (Students)

Title IX Coordinators: Mike Smith (Athletics)

504 Coordinator: Kim Justice (Staff & Students)

Any person may report sex discrimination, including sexual harassment (whether or not the person reporting is the person alleged to be the victim of conduct that could constitute sex discrimination or sexual harassment), in person, by mail, by telephone, or by electronic mail, using the contact information listed for the TIXC, or by any other means that results in the TIXC receiving the person's verbal or written report. Such a report may be made at any time (including during non-business hours) by using the telephone number or electronic mail address, or by mail to the office address, listed for the TIXC. 09.428111

Title IX Sexual Harassment Grievance Procedures are located on the District Website.

Employees wishing to initiate a complaint concerning discrimination in the delivery of benefits or services in the District's school nutrition program should go to the link below or mail a written complaint to the U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington D.C. 20250-9410, or email, program.intake@usda.gov.

http://www.ascr.usda.gov/complaint_filing_cust.html

INFORMAL GRIEVANCE PROCEDURE

- Step 1. If an employee feels that he/she has been discriminated against, the employee must first bring the problem to the attention of the District Personnel Office within five (5) school days of the knowledge or alleged cause for grievance occurs.
- Step 2. The employee, coordinator, and other involved parties will work informally to negotiate a solution within five (5) school days.
- Step 3. If the grievance cannot be satisfactorily resolved working informally, the employee has the right to proceed to file a formal grievance if so desired.
- Step 4. A formal grievance may be filed by completing the Formal Grievance Form which is available in their supervisor's office or the Personnel Office.

VII. FORMAL GRIEVANCE PROCEDURE

Step 1. A grievance shall be filed in writing with the Title IX, Title VI, or Section 504 coordinator within fifteen (15) school days of the knowledge or alleged cause. The employee shall set forth in writing the nature of the violation, and the dates it occurred. The complaint shall be made on the Formal Grievance Process Form which is available in the supervisor's office or Personnel office. The employee must sign the form after completion.

Response: Personnel Director shall notify the employee in writing within five (5) school days from the date of the written notice what (if any) action was/will be taken. If this determination is not satisfactory, the employee may appeal to the next step is so desired.

Step 2. The employee may appeal in writing on the Formal Grievance Process Appeal form which is available from your supervisor or the Personnel Office. The written appeal must be filed within five (5) school days of the date of the coordinator's response in Step 1. This written notice must contain all written information from the employee's and coordinator's response.

Response: The supervisor will notify the employee in writing within five (5) school days of the date of the appeal, as to what action was/will be taken.

Step 3. If the employee is not satisfied with the action by the supervisor in Step 2, the employee may notify in writing within five (5) school days of response, the Superintendent of Schools, Todd County School District, 205 Airport Road, Elkton, KY 42240, phone 270.265.2436. This written notice must identify the grievance and dates and all written information and responses from all previous Steps.

Response: The Superintendent of Todd County Schools will notify the employee in writing within twenty (20) school days of the date of the appeal letter in Step 3 as to what action was or will be taken.

Step 4. In the event the employee is still not satisfied with the action taken, the employee may write, within five (5) school days of the last response, the Office of Civil Rights, US Department of Education, 101 Marietta Tower, Ste., 280, Atlanta, GA 30301.

Note: If appeals are not made, it is assumed the decision at that level is accepted. In addition, the complainant, at any point in the grievance process has the right to call the Equal Opportunities Coordinator in Frankfort, KY, 270.564.3472. This person serves only as a consultant.

VIII. CODIFICATION OF THE RECRUITING, HIRING, & EMPLOYMENT PRACTICES AND PROCEDURES

(Known as Employment Procedure)

Introduction

The Todd County Board of Education as required by Title IX, of the educational amendments of the 1972 (P.L. 92.318), does not discriminate on the basis of sex in the educational programs or activities that it operates. Furthermore, the board of education does not discriminate on the basis of handicap, in treatment, admission or access to or employment in its programs or activities as required by the Rehabilitation Act of 1973 (P.L. 93-112), as amended in Section 504. Finally, the board of education does not discriminate on the basis of race, color, national origin, as required by Title VI. Of the Civil Rights Act of 1964, nor on the basis of age, religion, or marital status, in the education program of activities it operates.

Recognition

The Board's policies with reference to employment have been formulated in recognition of existing state and federal laws which provide equal non-discriminatory opportunities to all persons.

A. Employment Procedure

The Board of Education, acting through the Superintendent and staff, is committed to providing the best possible educational opportunity for all students in the Todd County School System and in furtherance of this commitment; the Superintendent has and will seek to employ the best qualified staff available.

The Superintendent has and will continue to take affirmative action to have the schools administered in a manner which will not discriminate against employees or applicants for employment, either in recruiting, hiring, placement, training, reduction, transfer, promotion, or termination because of race, color, national origin, age, religion, marital status, sex, or disability.

B. Dissemination of Employment Plan

The Board of Education will publicize and furnish copies of this plan of employment.

C. Purpose

The purpose of this document is to facilitate the analysis and review of the district's employment procedures to assess its effectiveness in adhering to standards of equal employment and affirmative action.

D. Responsibility for the Employment Plan

The District Administration Staff, Principals and School Councils shall be responsible for implementation and adherence to Todd County Board of Education hiring practices.

1. Superintendent- As Chief Executive Officer, the Superintendent of Schools shall be responsible for the implementation of the Board's Employment Plan in compliance with federal and state laws and regulations.

2. Personnel Director- The Superintendent will appoint an administrator to coordinate and implement the Board's plan. The Superintendent will be responsible for developing and keeping current job descriptions which outlines the roles and responsibilities of the Personnel Director. Services expected will be with the purpose and intent of the document. The principal duties of this position include the following:

- i. Being conversant with laws and regulations of federal and state governments which pertain to equal employment and educational opportunities, non-discrimination, and affirmative action.
- ii. Informing members of the school community of their rights and responsibilities under legal guidelines and of recent developments regarding affirmative action and equal employment opportunities.
- iii. Administering and monitoring the Board's policy on employment and recruitment of staff.
- iv. Reporting progress, problems, and needs in areas of employment and equal opportunities to the Superintendent.

3. All personnel activities will be monitored, including hiring and referral procedures, to ensure that personnel decisions are made within the spirit of equal opportunity. An annual summary of personnel activity will be compiled for study and review. The Personnel Director will be responsible for organizing and coordinating the Boards Employment Plan consistent with the purpose set forth herein.

IX. RECRUITMENT PROCEDURES

The Todd County School District is committed to selecting the best qualified applicants on the basis of training, experience, performance assessment, and recommendations from previous employers. The district will recruit, screen, interview an employee on the basis of individual qualifications without unlawful discrimination from the applicant pool which will reflect the available labor force for the positions available.

Recruitment of classified staff will be conducted through district communication procedures in conjunction with the community and government agencies.

The codification of recruiting, hiring and employment procedures will be available in all district buildings and available in the district office.

General Procedures

1. Supervisors/Principal/SBDM Schools will notify superintendent and district personnel director in writing of an actual vacancy. The definition of a vacancy and the parameters of public-school employment are described in KRS 160.380. Announcement of all vacant classified positions will be posted on district recruitment website (Talent Ed). All classified position will be posted for ten (10) days subsequent to the date of the electronic posting/announcement by the district office. Emergency situations as determined by the Todd County board of Education will be five (5) days.

2. All advertisements or materials for employment will contain the following: *“The Todd County Board of Education does not discriminate on the basis of race, color, national origin, age, religion, marital status, sex or disability.”*

3. Employment application forms and other personnel records will comply with law, regulations, and policies of Todd County Board of Education.

Hiring Procedures

Application and Selection Process

1. Persons desiring employment for classified (non-teaching) positions will be considered applicants at the time the following information is on file with the Personnel Office of Todd County Board of Education:
 - a. Completed non-teaching application form on Talent Ed
 - b. Criminal record check
 - c. High school diploma or GED or be enrolled and progressing in a GED program
 - d. Resumé (optional)
 - e. Required mandated by area of employment (bus drivers, cafeteria, maintenance, instructional assistance, NCLB etc.)
2. The Personnel Director will provide a specific list of applicants with completed credentials on file to principals, Directors and Supervisors who make employment recommendations. Principals and others making personnel recommendations will utilize this list exclusively. If, after interviewing those candidates on

the initial list, it is determined that additional candidates are needed, an additional list may be requested from the Personnel Director. Additional applicants shall be provided upon request when qualified applicants are available. Minority applicants, if available, will be included in each list.

3. Recommendations for employment shall not be made until the posting date has expired. All positions shall remain open during the entire posting time unless an exception is made by the Superintendent or designee in cases of emergency.
4. Adherence to interview procedures will be documented by participating administrators and supervisors and kept on file at the site and district office.

Application Process:

1. All classified applicants must place a completed application for employment on file in the Personnel Office (online with Talent Ed).
2. Former employees must complete the same process of employment as is required of all other candidates. However, their permanent files may still be on record in the District Office for Todd County Board of Education. It is noted that documents may be on file from previous employment.
3. A specific list of applicants will be provided to principals, directors and supervisors who make employment recommendations. This list, submitted by the Superintendent/designee, names applicants that possess superior credentials. This may include, but is not limited to application, experience verifications, education transcripts and/or verifications, records, references, NCLB requirements. Additional applicants shall be provided, upon request, when qualified applicants are available.

Interview by building administrator, director, or supervisor:

1. Building administrators, directors, and supervisors will review applications and select applicants to interview to fill vacancies based upon a list recommended by the Superintendent/designee.
2. The principal, director or supervisor after interview, reference check, appropriate consultation with SBDM recommends the best applicant for employment on the district hiring and recruitment program after the posting date requirement has been met.

Recommendation to Personnel Director:

1. All completed forms are submitted to the Personnel Director.
2. Recommendations for employment are reviewed by the Director of Personnel to ensure adherence to the intent and purpose stated herein.
3. Assuring that the recommendations and the procedures for employment follow all laws, regulations, and Todd County Board of Education policies, the Personnel Director forwards the recommendation to the Superintendent. Those recommendations which are disapproved for the reasons described are returned to the building principal, supervisor, or director.
4. Candidates who are declared eligible for consideration and employment but who are not offered or do not accept employment may continue to be active candidates for employment for a period of up to three (3) years. The application may then be deleted. It is the sole responsibility of the applicant for maintaining notice to the district of his/her desires to be an active candidate for employment.

Hiring Procedures:

1. In keeping with State law, the Superintendent of school shall be responsible for all personnel actions including hiring, assignment, transfer, dismissal suspension, reinstatement, promotion, or demotion.

Notification to the Todd County Board of Education:

2. All personnel actions by the Superintendent as described shall be recorded in the minutes of the Todd County Board of Education at the next meeting after the action is taken. Upon being employed by the Superintendent of Schools, the new employee is notified by the Personnel Office in writing and instructed to complete contractual procedures.

Job Description:

All employees shall receive a copy of their job description and responsibilities.

Classified Staff Positions:

Food Service custodial, secretarial positions will be determined by KDE guidelines. Other classified positions will be determined by program and/or management needs. The board upon recommendation of Superintendent will determine the number of positions to be filled in the district.

Contracts and Compensation Plans:

Appointments, promotions, and transfers of school employees will be made by the Superintendent. The Superintendent will prescribe the duties of all employees.

The Todd County Board of Education will enter into writing contracts with classified employees as required by KRS 161.011.

Each employee must complete a letter of intent signifying his/her desire to be employed. This letter of intent will be filed with the Board office by April 1 of each year. Failure to comply with this regulation will indicate the employee does not plan to remain in the employ of the Board. Legal reference KRS 161.011.

Selection and Training:

The Todd County Board of Education will accept applications of all persons who wish to apply for classified positions in the Todd County School system. Employment of such person will be based on availability of positions, qualifications consistent with duties of the position, and successful completion of appropriate training of the duties. It shall be mutually agreed by and between the Board of Education and the employee that either party may terminate the contract by giving the other party at least two weeks or 10 days' notice when the provisions of the contract have been violated by the other party.

In the event of a classified employee is determined to be in violation of the requirements of the position, their dismissal will be considered by the Board of Education, due process will be practiced in all cases of the violation of duties and/or consideration for dismissal.

Training will be directed by other employees in similar positions, immediate supervisor and/or appropriate state department of education agencies.

Medical Examinations:

A medical examination is required of each employee in accordance with the requirements of the State Board of Regulations.

Classified Salaries & Increments:

All classified employees will be paid in accordance with the classified salary schedule for their particular job classification and like manner experience as decided upon by the Superintendent and Director of Personnel. Employees must complete one full year to be eligible for a maximum salary increase.

The classified salary schedule will be reviewed annually for adjustments. Increase to the salary schedule may be influenced by the percentage increase allowed by the district's SEEK funding. The decision will be based on this percentage and a review of resources of the district.

Each employee in the above classifications must receive a satisfactory evaluation to be eligible for a salary increase. Each employee shall be evaluated annually in accordance with the provision of the Board of Education's policy on the Performance Management System.

Payment to school employees under this policy are for services rendered and for the benefit of the school district. Payments will be made on the 25th of each month in the form of ten (10) or twelve (12) equal payments in accordance with the contract length and amount of pay for the applicable school year. Sick, personal, and docked days will be accounted for by the finance department. Questions regarding payments should be directed to the employee's immediate supervisor.

A. Review of Evaluation System:

The administration will conduct a review of this evaluation system every three years or as requested by the Superintendent with the evaluation committee members.

X. EVALUATIONS

- A. ATHLETIC DEPARTMENT
 - 1. ATHLETIC DIRECTOR
 - 2. HEAD COACH/ASSISTANT COACH
- B. BOARD RECEPTIONIST
- C. CAREER COUNSELOR
- D. COMMUNITY EDUCATION COORDINATOR
- E. EXECUTIVE ASSISTANT TO THE SUPERINTENDENT
- F. FINANCE DEPARTMENT
 - 1. FINANCE OFFICER
 - 2. ASSISTANT TREASURER & ACCOUNTING CLERK II
 - 3. ACCOUNT CLERK I & BOOKKEEPER (SCHOOL LEVEL)
- G. FAMILY RESOURCE YOUTH SERVICE CENTER
 - 1. FRYSC COORDINATOR
 - 2. FRYSC ASSISTANT COORDINATOR
- H. INSTRUCTIONAL ASSISTANT / PERMANENT SUBSTITUTE
- I. MAINTENANCE DEPARTMENT
 - 1. SUPERVISOR OF MAINTENANCE
 - 2. MAINTENANCE EMPLOYEE
 - 3. CUSTODIAN
- J. MIGRANT DEPARTMENT
 - 1. EL IA MIGRANT ADVOCATE RECRUITER
 - 2. MIGRANT ADVOCATE ASSISTANT
- K. SCHOOL NUTRITION DEPARTMENT
 - 1. DIRECTOR OF SCHOOL NUTRITION
 - 2. SCHOOL NUTRITION MANAGER
 - 3. SCHOOL NUTRITION ASSISTANT
- L. SCHOOL SECRETARY
- M. TECHNOLOGY DEPARTMENT
 - 1. CHIEF INFORMATION OFFICER & DISTRICT TECHNOLOGY COORDINATOR
 - 2. SCHOOL TECHNOLOGY TECHNICIAN
- N. TRANSPORTATION DEPARTMENT
 - 1. DIRECTOR OF TRANSPORTATION
 - 2. BUS DRIVER
 - 3. BUS MONITOR
 - 4. VEHICLE MAINTENANCE SUPERVISOR (MECHANIC I)
 - 5. MECHANIC II
- O. GENERAL CLASSIFIED EVALUATION FORM
- P. CLASSIFIED PROFESSIONAL GROWTH PLAN

Todd County Schools Athletic Department Athletic Director Evaluation Form

Name of Employee:			Position:	
Supervisor/Evaluator:			School Year:	
			Date of Evaluation:	
#	Category	Satisfactory	Needs Improvement	Unsatisfactory
1	The athletic director promotes an athletic program that is safe, positive, respectful, and supportive and fosters the benefits of multi-sports athletics and the disadvantages of sports specialization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	The athletic director develops specific programs and activities that are implemented by the athletic department to address the proper behavior of all student-athletes, coaches, parents, and spectators at athletic contests.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	The athletic director shall insure adequate, properly maintained, refurbished, or replaced equipment for all teams.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	The athletic director ensures that all athletic facilities are properly maintained to ensure the safety of student-athletes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	The athletic director has emergency guidelines and evacuation procedures for all athletic events	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	The athletic director has written guidelines for all booster clubs explaining their role in the program.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	The athletic director maintains an appropriate file of records, results, and awards.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	The athletic director procures, organizes, and schedules officials and workers for conduction of contests.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	The athletic director follows all state and federal mandates of Title IX.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	The athletic director provides sufficient funding to assure quality athletic opportunities, personnel, services, facilities, equipment, transportation, uniforms, teaching materials and supplies to support each sport offering.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	The athletic director models professional, ethical, and respectful behavior at all times.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	Maintains and respects confidentiality of student, school personnel, or parent issues.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	OVERALL RATING:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supervisors Comments on Job Performance:				
Employees Comments:				
Suggested Areas of Growth:				

To be signed after all information above has been completed and discussed.

Evaluatee: _____ Agree with this evaluation _____
Signature Date

_____ Disagree with this evaluation
Evaluator: _____
Signature Date

EMPLOYMENT RECCOMENDATION TO SUPERINTENDENT: _____ Recommended for re-employment
_____ Not Recommended for re-employment

***Any employee disagreeing with any evaluation or part thereof may have attached to the evaluation a written statement expressing disagreement. (This employee shall be given a copy of this form)**

Related to discrimination policies, procedures, or practices are to be directed to the Office of Superintendent, Todd County Schools

Todd County Schools Athletic Department Assistant Coach Evaluation Form

Name of Employee:			Position:	
Supervisor/Evaluator:			School Year:	
			Date of Evaluation:	
#	Category	Satisfactory	Needs Improvement	Unsatisfactory
1	Performs all duties assigned by the head coach.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Abides by all relevant Board polices and administrative guidelines.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Enforces all rules of the High School Athletic Association related to his/her sport.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Enforces rules and regulations concerning conditioning of players and their health and safety.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Reports injuries promptly and exercises great care in dealing with all injuries, particularly those that are of a serious nature.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	Develops respect by example in appearance, manners, behavior, language, and conduct.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	Develops rapport with other members of the coaching staff, other teachers, and administrators.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	Modals behaviors which reflect the values of good sportsmanship, fair competition, and ethical behavior.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	Conducts and/or participates in necessary in-service meetings and coaches' clinics to improve coaching performance and attends meetings necessary to the welfare of the team and sport.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	Maintains and respects confidentiality of student, school personnel or parent issues.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	OVERALL RATING:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supervisors Comments on Job Performance:				
Employees Comments:				
Suggested Areas of Growth:				

To be signed after all information above has been completed and discussed.

Evaluatee: _____ Agree with this evaluation _____ Signature _____ Date

_____ Disagree with this evaluation

Evaluator: _____ Signature _____ Date

EMPLOYMENT RECCOMENDATION TO SUPERINTENDENT: _____ Recommended for re-employment
 _____ Not Recommended for re-employment

***Any employee disagreeing with any evaluation or part thereof may have attached to the evaluation a written statement expressing disagreement. (This employee shall be given a copy of this form)**

Related to discrimination policies, procedures, or practices are to be directed to the Office of Superintendent, Todd County Schools

Todd County Schools Board Receptionist Evaluation Form

Name of Employee:			Position:	
Supervisor/Evaluator:			School Year:	
			Date of Evaluation:	
#	Category	Satisfactory	Needs Improvement	Unsatisfactory
1	Greets all visitors courteously, determine their needs, check appointments and direct or escort them to proper person.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Answers and routes incoming calls and respond appropriately to requests for information.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Maintains list of staff members' names, office locations, and telephone extensions to expedite relaying of calls.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Maintains and respects confidentiality.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Basic secretarial skills to include knowledge of filing/scanning system, heavy phone usage and public/school contact.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	Willingness to accept latest ideas and/or change.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	Establishes and maintains cooperative working relationships with others.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	Reliable attendance and prompt arrival time.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	Other Duties: Performs any other duties as required by immediate supervisor.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	OVERALL RATING:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supervisors Comments on Job Performance:				
Employees Comments:				
Suggested Areas of Growth:				

To be signed after all information above has been completed and discussed.

Evaluatee: _____ Agree with this evaluation _____
Signature Date

_____ Disagree with this evaluation
 Evaluator: _____
Signature Date

EMPLOYMENT RECCOMENDATION TO SUPERINTENDENT: _____ Recommended for re-employment
 _____ Not Recommended for re-employment

***Any employee disagreeing with any evaluation or part thereof may have attached to the evaluation a written statement expressing disagreement. (This employee shall be given a copy of this form)**

Todd County Schools Career Counselor Evaluation Form

Name of Employee:		Position:		
Supervisor/Evaluator:		School Year:		
		Date of Evaluation:		
#	Category	Satisfactory	Needs Improvement	Unsatisfactory
1	Guides students in determining their interests and abilities using a wide range of methods, such as aptitude assessments, interviews, and planning materials.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Counsels individual learners, working with them to aid in developing hard and soft skills.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Works with students to overcome issues that could undermine their academic or career success.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Helps students craft a long-term plan for reaching their career objectives.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Work with students to develop skills, such as organization, time management, and effective study habits for work academic and career goals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	Conducts group workshops on a variety of topics, including writing resumes and cover letters, successful job interviewing, using university employment databases and career development resources, researching graduate programs, and more.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	Connects learners to additional resources such as financial aid, vocational training, extensive counseling and therapy services, medical care providers, or other state and local assistance as needed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	Focuses on work with Seniors; coordinates a variety of events and programs (e.g., career fairs, fiscal management, college visits, student placement/work study) for the purpose of supporting the smooth transition from middle school to high school to post-secondary training and/or employment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	Career pathways and option planning for incoming Freshmen (short- and long-term goals).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	Developing weekly lesson plans for an effective school wide advisory program, focusing on ACT test prep, KOSSA test prep, soft skills, career readiness, social skills, bullying, social media policies and safety, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	Performs other related duties as assigned.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OVERALL RATING:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supervisors Comments on Job Performance:				
Employees Comments:				
Suggested Areas of Growth:				

To be signed after all the information above has been completed and discussed.

Evaluatee: _____ Agree with this evaluation _____
Signature Date

_____ Disagree with this evaluation
Evaluator: _____
Signature Date

EMPLOYMENT RECCOMENDATION TO SUPERINTENDENT: _____ Recommended for re-employment
_____ Not Recommended for re-employment

***Any employee disagreeing with any evaluation or part thereof may have attached to the evaluation a written statement expressing disagreement. (This employee shall be given a copy of this form)**

Related to discrimination policies, procedures, or practices are to be directed to the Office of Superintendent, Todd County Schools

Todd County Schools Community Education Coordinator Evaluation Form

Name of Employee:		Position:		
Supervisor/Evaluator:		School Year:		
		Date of Evaluation:		
#	Category	Satisfactory	Needs Improvement	Unsatisfactory
1	Strives to implement by instruction and action the district's mission and vision of education and instructional goals and objectives.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Maintains accurate and complete records as required by law, district policy and administrative regulations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Coordinates with the community expanded utilization of school facilities – coordinates opportunities for community members to utilize school facilities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Coordinates and facilitates classes and presentations to provide formal and informal educational needs of the community.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Coordinates and conducts volunteer trainings for each school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	Facilitates tutoring and mentoring programs for the schools.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	Creates and implements extended learning opportunities for students.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	Works with other school-based initiatives (i.e., Family Resource Center, drop-out prevention, drug, alcohol, and pregnancy intervention programs) to offer assistant to the community, students, and families.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	Completes state required training modules for the Community Education Program.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	Acts as a liaison between students, family, school, and community.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	Works with the Community Education Advisory Council to conduct needs assessment, establish goals and plan programs to meet needs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	OVERALL RATING:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supervisors Comments on Job Performance:				
Employees Comments:				
Suggested Areas of Growth:				

To be signed after all information above has been completed and discussed.

Evaluatee: _____ Agree with this evaluation _____
Signature Date

_____ Disagree with this evaluation
Evaluator: _____
Signature Date

EMPLOYMENT RECCOMENDATION TO SUPERINTENDENT: _____ Recommended for re-employment
_____ Not Recommended for re-employment

***Any employee disagreeing with any evaluation or part thereof may have attached to the evaluation a written statement expressing disagreement. (This employee shall be given a copy of this form)**

Related to discrimination policies, procedures, or practices are to be directed to the Office of Superintendent, Todd County Schools

Todd County Schools Executive Assistant to Superintendent Evaluation Form

Name of Employee:		Position:		
Supervisor/Evaluator:		School Year:		
		Date of Evaluation:		
#	Category	Satisfactory	Needs Improvement	Unsatisfactory
1	Provides high-level administrative support to the Superintendent to ensure accuracy of data and communications necessary to support the management and administration of the district.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Organizes the workflow for the Superintendent's office.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Arranges meetings, calls, materials, digital resources, etc. for the Superintendent's office.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Communicates with administrative staff on behalf of the Superintendent to ensure projects/programs are progressing and monitors to ensure that data/reports are submitted based on established deadlines.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Drafts correspondence on behalf of the Superintendent and Board members.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	Prepares Board meeting agenda materials for Superintendent's cabinet meeting and Board meetings.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	Prepares rough draft of Board minutes for Superintendent's approval and proofreads final form of Board minutes, prepares index document and document detailing actions and motions on each item acted on by the Board	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	Ensures that all technical requirements are available to support Board reports and necessary communication, both public and internal, for all work sessions and Board meetings, both regular and special called meetings.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	Collaborates with Directors, Supervisors, and other administrators to ensure the goals of the Superintendent's office.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	Maintains and respects confidentiality of student, school personnel or parent issues.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	Performs other duties as assigned by supervisor.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	OVERALL RATING:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supervisors Comments on Job Performance:				
Employees Comments:				
Suggested Areas of Growth:				

To be signed after all information above has been completed and discussed.

Evaluatee: _____ Agree with this evaluation _____
Signature Date

_____ Disagree with this evaluation
Evaluator: _____
Signature Date

EMPLOYMENT RECCOMENDATION TO SUPERINTENDENT: _____ Recommended for re-employment
_____ Not Recommended for re-employment

***Any employee disagreeing with any evaluation or part thereof may have attached to the evaluation a written statement expressing disagreement. (This employee shall be given a copy of this form)**

Related to discrimination policies, procedures, or practices are to be directed to the Office of Superintendent, Todd County Schools

Todd County Schools Finance Department Finance Officer Evaluation Form

Name of Employee:			Position:	
Supervisor/Evaluator:			School Year:	
			Date of Evaluation:	
#	Category	Satisfactory	Needs Improvement	Unsatisfactory
1	VISION & MISSION: Leads the strategic plan goals regarding effective and efficient financial operations to ensure proper stewardship, equitable allocation of resources, and performance monitoring.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	LEADERSHIP: Serves as a member of the Superintendent's leadership team and acts as Superintendent's designee in division wide financial matters.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	BUDGETS: Executes an annual budget process that communicates the needs identified by the Superintendent, cabinet, and Board of Education and results in approval of the required funding & directs the budgeting, accounting, and reporting of all funds (e.g., assets, liabilities, revenue, and expenses) in compliance with District policies, and federal, state, and local regulations and requirements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	SUPERVISION: Supervises major functions of the Financial Services Division including Accounting Services, Payroll, Grants and Awards Accounting, Purchasing, Insurance, and Budget.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	LEADER of FINANCIAL SERVICES: Leads the Financial Services Division in fiscal planning and management in development and implementation of appropriate regulations, monitoring processes, and internal audit procedures.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	FINANCIAL PLANNING: Prepares and presents long range financial plans and forecasts and communicates fiscal matters to the Board of Education and community.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	POLICIES & PROCEDURES: Establishes policies and procedures in accordance with federal, state, and local statute to ensure strong internal controls.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	REPORTING TO BOARD OF EDUCATION: Provides useful, timely financial reports to convey information to the School Board and division program managers regularly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	FUNDING DEVELOPMENT: Directs the funding development of capital improvement and bonding and oversees taxes and property assessments.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	KDE REGULATIONS: Adheres to all KDE mandated regulation in RED BOOK and Financial Reporting.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	OTHER DUTIES AS ASSIGNED: Performs other duties as assigned by Superintendent.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	OVERALL RATING:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Supervisor's Comments on Job Performance:
Employee Comments:
Suggested Area of Growth:

To be signed after all information above has been completed and discussed.

Evaluatee: Agree with this evaluation

Signature

Date

Disagree with this evaluation

Evaluator:

Signature

Date

EMPLOYMENT RECCOMENDATION TO SUPERINTENDENT: Recommended for re-employment
 Not Recommended for re-employment

***Any employee disagreeing with any evaluation or part thereof may have attached to the evaluation a written statement expressing disagreement. (This employee shall be given a copy of this form)**

Related to discrimination policies, procedures, or practices are to be directed to the Office of Superintendent, Todd County Schools

**Todd County Schools Finance Department
Assistant Treasurer & Account Clerk II
Evaluation Form**

Name of Employee:			Position:	
Supervisor/Evaluator:			School Year:	
			Date of Evaluation:	
#	Category	Satisfactory	Needs Improvement	Unsatisfactory
1	Human Resources: Support administrative work in the finance team.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Financial Reporting: Proficiency in MUNIS and/or SFO (School Fund Online if applicable).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Payroll: Manages payroll and confirms activities such as running queries, verifying data entry, and similar tasks.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Audits: Completes audits on school accounts to ensure compliance with Red Book regulations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Purchasing: Follows State guidelines on purchasing and following the KDE bid acquisitions list.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	Accounts Receivable: Opens, reviews, prepares, and forwards accounts payable invoices to appropriate individuals for the purpose of obtaining payment authorization.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	Accounts Payable: Enters bills ensuring they are posted to the correct accounts & processes accounts payable checks verifying for accuracy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	Attendance: Arrives and departs from work as per contract regulations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	Required KDE Reporting: Completes required KDE reporting in a timely manner.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	Other Duties: Performs any other duties as required by immediate supervisor.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	District Budgets/Operating Expenses: Helps oversee and prepare both district and school level principal combined budgets & helps to oversee operating costs related to the operation of a school district.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	OVERALL RATING:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supervisors Comments on Job Performance:				
Employees Comments:				
Suggested Areas of Growth:				

To be signed after all information above has been completed and discussed.

Evaluatee: _____ Agree with this evaluation

Signature

Date

_____ Disagree with this evaluation

Evaluator:

Signature

Date

EMPLOYMENT RECCOMENDATION TO SUPERINTENDENT:

_____ Recommended for re-employment

_____ Not Recommended for re-employment

***Any employee disagreeing with any evaluation or part thereof may have attached to the evaluation a written statement expressing disagreement. (This employee shall be given a copy of this form)**

Related to discrimination policies, procedures, or practices are to be directed to the Office of Superintendent, Todd County Schools

**Todd County Schools Finance Department
Account Clerk I & School Bookkeeper Evaluation Form**

Name of Employee:		Position:		
Supervisor/Evaluator:		School Year:		
		Date of Evaluation:		
#	Category	Satisfactory	Needs Improvement	Unsatisfactory
1	Human Resources: Support administrative work in the school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Financial Reporting: Assumes responsibility for complete school banking procedures.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	School Purchasing: Prepares purchase orders, receiving forms, and invoices for all materials, supplies and equipment expenditures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	School Account Audits: Completes audits on school accounts to ensure compliance with Red Book regulations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	KDE Purchasing Guidelines: Follows State guidelines on purchasing and following the KDE bid acquisitions list.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	Financial Software: Works with MUNIS and/or School Account software to report school financials to principal and SBDM members.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	Accounts Payable: Enters bills ensuring they are posted to the correct accounts & processes accounts payable checks verifying for accuracy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	Attendance: Arrives and departs from work as per contract regulations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	Required KDE Reporting: Completes required KDE reporting in a timely manner. RED BOOK REPORTS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	Inventories & Materials: Maintains instructional supply accounts and distributes materials and supplies.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	District Budgets/Operating Expenses: Helps oversee and prepare both district and school level principal combined budgets & helps to oversee operating costs related to the operation of a school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	Maintains and respects confidentiality of student, school personnel or parent issues.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13	Other Duties: Performs any other duties as required by immediate supervisor.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	OVERALL RATING:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supervisors Comments on Job Performance:				
Employees Comments:				
Suggested Areas of Growth:				

To be signed after all information above has been completed and discussed.

Evaluatee: _____ Agree with this evaluation _____
Signature Date

_____ Disagree with this evaluation
Evaluator: _____
Signature Date

EMPLOYMENT RECCOMENDATION TO CENTRAL OFFICE: _____ Recommended for re-employment
_____ Not Recommended for re-employment

***Any employee disagreeing with any evaluation or part thereof may have attached to the evaluation a written statement expressing disagreement. (This employee shall be given a copy of this form)**

Related to discrimination policies, procedures, or practices are to be directed to the Office of Superintendent, Todd County Schools

**Todd County Schools FRYSC
Family Resource Youth Service Center Coordinator Evaluation Form**

Name of Employee:		Position:		
Supervisor/Evaluator:		School Year:		
		Date of Evaluation:		
#	Category	Satisfactory	Needs Improvement	Unsatisfactory
1	Develops, reviews, monitors, and updates implementation of the Continuation Program plan.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Maintains active involvement with community services, and acts as a liaison to business and community resources.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Utilizes current needs assessment, including a process for identifying the needs of students and families.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Assures compliance with any federal, state, local, and District regulations, deadlines, and requirements (e.g., grant, budget, action components, assurances, individual interventions, and purchasing).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Maintains communication with school community, school leadership, Family Resource Youth Services Center Advisory council and School Based Decision-Making council.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	Completes all trainings and other compliance requirements as assigned and by the designated deadline.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	Maintains and respects confidentiality of student, school personnel or parent issues.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	Performs other duties as assigned by supervisor.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	OVERALL RATING:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supervisors Comments on Job Performance:				
Employees Comments:				
Suggested Areas of Growth:				

To be signed after all information above has been completed and discussed.

Evaluatee: _____ Agree with this evaluation _____ Signature _____ Date

_____ Disagree with this evaluation

Evaluator: _____ Signature _____ Date

EMPLOYMENT RECCOMENDATION TO SUPERINTENDENT: _____ Recommended for re-employment
 _____ Not Recommended for re-employment

***Any employee disagreeing with any evaluation or part thereof may have attached to the evaluation a written statement expressing disagreement. (This employee shall be given a copy of this form)**

Todd County Schools Family Resource Youth Service Center Assistant Coordinator Evaluation Form

Name of Employee:		Position:		
Supervisor/Evaluator:		School Year:		
		Date of Evaluation:		
#	Category	Satisfactory	Needs Improvement	Unsatisfactory
1	Performs a variety of duties that fall under FRYSC program and supports and assists FRYSC Coordinator with implementation of mandated components of center.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Provides numerous services and implements programs and activities for the FRYSC program that involves students both directly and indirectly, school, school staff, families, and community.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Monitors files and reports regarding participants, students, parents, and others the program targets, to keep data up to date for record keeping.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Represents the FRYSC program in a positive manner when at district, school, or community meetings/conferences.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Maintains communication with the school community, school leadership, School Based Decision-Making council, as well as families of the students served, when needed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	Maintains an organized, clean, confidential, and safe space for students to come to when they need a service the FRYSC provides.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	Maintains and respects confidentiality of student, school personnel or parent issues.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	Performs other duties as assigned by FRYSC Coordinator.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	OVERALL RATING:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supervisors Comments on Job Performance:				
Employees Comments:				
Suggested Areas of Growth:				

To be signed after all information above has been completed and discussed.

Evaluatee: _____ Agree with this evaluation

Signature

Date

_____ Disagree with this evaluation

Evaluator:

Signature

Date

EMPLOYMENT RECCOMENDATION TO SUPERINTENDENT: _____ Recommended for re-employment

_____ Not Recommended for re-employment

***Any employee disagreeing with any evaluation or part thereof may have attached to the evaluation a written statement expressing disagreement. (This employee shall be given a copy of this form)**

Todd County Schools
Instructional Assistant / Permanent Substitute Evaluation Form

Name of Employee:		Position:		
Supervisor/Evaluator:		School Year:		
		Date of Evaluation:		
#	Category	Satisfactory	Needs Improvement	Unsatisfactory
1	Assists in delivering instructions to students as directed by assigned teacher.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Works with classroom teacher to coordinate instructional efforts.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Maintains and respects confidentiality of student and school personnel information.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Adheres to school rules and regulations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Provides effective and safe classroom/non-classroom supervision.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	Demonstrates sensitivity to individual pupil differences.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	Cooperates and maintains relationships with teachers and other staff.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	Has good attendance and punctuality.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	Carries out instructional plans as designated by the principal, classroom teacher(s) and if appropriate, students' Individual Educational Plans (IEPs) including 1:1 assistance.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	Assists teacher(s) in maintaining a classroom management policy that fosters a safe and positive environment for all students and staff.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	Reports promptly to assigned/designated location and/or area.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	Other Duties: Performs any other duties as required by immediate supervisor.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	OVERALL RATING:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supervisors Comments on Job Performance:				
Employees Comments:				
Suggested Areas of Growth:				

To be signed after all information above has been completed and discussed.

Evaluatee: _____ Agree with this evaluation

Signature

Date

_____ Disagree with this evaluation

Evaluator:

Signature

Date

EMPLOYMENT RECCOMENDATION TO SUPERINTENDENT: _____ Recommended for re-employment

_____ Not Recommended for re-employment

***Any employee disagreeing with any evaluation or part thereof may have attached to the evaluation a written statement expressing disagreement. (This employee shall be given a copy of this form)**

Related to discrimination policies, procedures, or practices are to be directed to the Office of Superintendent, Todd County Schools

**Todd County Schools Maintenance Department
Supervisor of Maintenance Evaluation Form**

Name of Employee:		Position:		
Supervisor/Evaluator:		School Year:		
		Date of Evaluation:		
#	Category	Satisfactory	Needs Improvement	Unsatisfactory
1	VISION & MISSION: Leads the strategic plan goals regarding effective and efficient maintenance of grounds and facilities operations to ensure proper stewardship, equitable allocation of resources, and performance monitoring.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	LEADERSHIP: Serves as a member of the Superintendent's leadership team and acts as Superintendent's designee in division wide maintenance and grounds matters.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	BUDGETS: Executes an annual budget process for the maintenance and grounds departments that communicates the needs identified to the Superintendent, and Board of Education and results in approval of the required funding for the maintenance and grounds operations in compliance with District policies, and federal, state, and local regulations and requirements.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	SUPERVISION: Supervises and coordinates activities of employees in field of assignments. Implements production schedules and records worker-hour requirements for completion of job assignment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	LEADER of MAINTENANCE AND GROUND SERVICES: Leads the Maintenance and Grounds Division in planning and management in development and implementation of appropriate regulations, monitoring processes, evaluation of school buildings, grounds, and athletic fields. Monitors and completes internal audit procedures while enforcing policies, regulations to ensure safety of all parties.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	PLANNING: Prepares and presents long range maintenance plans and forecasts and communicates fiscal matters to the Superintendent.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	POLICIES & PROCEDURES: Establishes policies and procedures in accordance with federal, state, and local statute to ensure strong internal controls for safety in the maintenance and grounds of district to ensure safety of all employees.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	REPORTING TO SUPERINTENDENT: Provides useful, timely transportation reports to convey information to the Superintendent on a regular basis.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9	COMPLIANCE REQUIREMENTS: Completes all trainings and other compliance requirements as assigned and by the designated deadline.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	KDE REGULATIONS: Adheres to all KDE mandated regulations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	OTHER DUTIES AS ASSIGNED: Performs other duties as assigned by Superintendent.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	OVERALL RATING:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Supervisor's Comments on Job Performance:

Employee Comments:

Suggested Area of Growth:

To be signed after all information above has been completed and discussed.

Evaluatee: _____ Agree with this evaluation

Signature

Date

_____ Disagree with this evaluation

Evaluator:

Signature

Date

EMPLOYMENT RECCOMENDATION TO SUPERINTENDENT: _____ Recommended for re-employment

_____ Not Recommended for re-employment

***Any employee disagreeing with any evaluation or part thereof may have attached to the evaluation a written statement expressing disagreement. (This employee shall be given a copy of this form)**

Related to discrimination policies, procedures, or practices are to be directed to the Office of Superintendent, Todd County Schools

Todd County Schools Maintenance Department Maintenance Employee Evaluation Form

Name of Employee:		Position:		
Supervisor/Evaluator:		School Year:		
		Date of Evaluation:		
#	Category	Satisfactory	Needs Improvement	Unsatisfactory
1	Attends to details and is thorough in completing work assignments.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Completes work assignments in order of priority and due dates.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Arrives on time, starts work promptly, and puts in a full day's work.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Builds and maintains a good working relationship with supervisor and co-workers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Shows initiative and an ability to work independently.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	Willingly assists other employees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	Organizes and maintains a neat and orderly workstation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	Exhibits awareness to security issues.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	Possesses knowledge of school policy and abides by policies in work environment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	Accurately orders and accounts for material and labor relative to assignments.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	Observes proper safety procedures at all times when completing job.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	OVERALL RATING:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supervisors Comments on Job Performance:				
Employees Comments:				
Suggested Areas of Growth:				

To be signed after all information above has been completed and discussed.

Evaluatee: _____ Agree with this evaluation _____
Signature Date

_____ Disagree with this evaluation
 Evaluator: _____
Signature Date

EMPLOYMENT RECCOMENDATION TO CENTRAL OFFICE: _____ Recommended for re-employment
 _____ Not Recommended for re-employment

***Any employee disagreeing with any evaluation or part thereof may have attached to the evaluation a written statement expressing disagreement. (This employee shall be given a copy of this form)**

Todd County Schools Maintenance Department Custodian Employee Evaluation Form

Name of Employee:		Position:		
Supervisor/Evaluator:		School Year:		
		Date of Evaluation:		
#	Category	Satisfactory	Needs Improvement	Unsatisfactory
1	Maintains a neat and clean building and grounds at all times.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Completes scheduled tasks in a timely manner with attention to work quality.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Makes minor building repairs and reports major repairs promptly to the building administration or maintenance.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Is thorough and consistent in meeting work standards and in performing required work.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Displays awareness of safety and security factors. Wears protective equipment and clothing when necessary.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	Demonstrates knowledge of equipment, material, and methods of cleaning.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	Complies with job-related directions and supervision.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	Demonstrates ability to adapt to new and unusual situations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	Cleans assigned areas: Vacuums, dust furniture, desktops, chalkboards, whiteboards, tile and terrazzo flooring, corridors, bathrooms, drinking fountains and cafeterias daily and more often when their condition requires.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	Other Duties: Performs any other duties as required by immediate supervisor.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	OVERALL RATING:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supervisors Comments on Job Performance:				
Employees Comments:				
Suggested Areas of Growth:				

To be signed after all information above has been completed and discussed.

Evaluatee: _____ Agree with this evaluation _____
Signature Date

_____ Disagree with this evaluation
 Evaluator: _____
Signature Date

EMPLOYMENT RECCOMENDATION TO SUPERINTENDENT: _____ Recommended for re-employment
 _____ Not Recommended for re-employment

***Any employee disagreeing with any evaluation or part thereof may have attached to the evaluation a written statement expressing disagreement. (This employee shall be given a copy of this form)**

Todd County Schools Migrant Advocate Recruiter Evaluation Form

Name of Employee:		Position:		
Supervisor/Evaluator:		School Year:		
		Date of Evaluation:		
#	Category	Satisfactory	Needs Improvement	Unsatisfactory
1	Assists in providing supportive services to migrant children and their families as necessary; enabling migrant children to receive a sound education.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Assists in identifying and serving eligible migrant students and their families in Todd and Muhlenberg Counties, Kentucky.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Documents, maintains, and keeps daily logs to include activities, and mileage.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Assists the Coordinator in all areas that relates to the migrant program.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Establishes and maintains cooperative working relationships with other employees.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	Reliable attendance and prompt arrival times to work and all activities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	Performs any and all other duties assigned by the Director of Pupil Personnel (DPP) and Migrant Coordinator.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	Works independently with little direction.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	Maintains confidentiality with discretion.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	OVERALL RATING:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supervisors Comments on Job Performance:				
Employees Comments:				
Suggested Areas of Growth:				

To be signed after all information above has been completed and discussed.

Evaluatee: _____ Agree with this evaluation _____
Signature Date

_____ Disagree with this evaluation
 Evaluator: _____
Signature Date

EMPLOYMENT RECCOMENDATION TO SUPERINTENDENT: _____ Recommended for re-employment
 _____ Not Recommended for re-employment

***Any employee disagreeing with any evaluation or part thereof may have attached to the evaluation a written statement expressing disagreement. (This employee shall be given a copy of this form)**

Todd County Schools Migrant Advocate Assistant Evaluation

Name of Employee:		Position:		
Supervisor/Evaluator:		School Year:		
		Date of Evaluation:		
#	Category	Satisfactory	Needs Improvement	Unsatisfactory
1	Assists in providing supportive services to migrant children and their families as necessary; enabling migrant children to receive a sound education.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Assists in identifying and serving eligible migrant students and their families in Todd and Muhlenberg Counties, Kentucky.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Documents, maintains, and keeps daily logs to include activities, and mileage.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Assists the Coordinator (DPP) and Recruiter in all areas that relates to the migrant program.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Establishes and maintains cooperative working relationships with other employees.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	Reliable attendance and prompt arrival times to work and all activities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	Performs any and all other duties assigned by the Director of Pupil Personnel (DPP) and Migrant Coordinator.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	Works independently with little direction.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	Maintains confidentiality with discretion.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	OVERALL RATING:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supervisors Comments on Job Performance:				
Employees Comments:				
Suggested Areas of Growth:				

To be signed after all information above has been completed and discussed.

Evaluatee: _____ Agree with this evaluation

Signature

Date

_____ Disagree with this evaluation

Evaluator:

Signature

Date

EMPLOYMENT RECCOMENDATION TO SUPERINTENDENT: _____ Recommended for re-employment
 _____ Not Recommended for re-employment

***Any employee disagreeing with any evaluation or part thereof may have attached to the evaluation a written statement expressing disagreement. (This employee shall be given a copy of this form)**

**Todd County Schools School Nutrition Department
Director of School Nutrition Programs Evaluation Form**

Name of Employee:			Position:	
Supervisor/Evaluator:			School Year:	
			Date of Evaluation:	
#	Category	Satisfactory	Needs Improvement	Unsatisfactory
1	VISION & MISSION: Manages the administrative functions related to the operation of Nutrition Service Center including food production, food and supply procurement, and food distribution.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	LEADERSHIP: Directs the operation of the Nutrition Service Center including the areas of food innovation and production, transportation, and warehousing in a manner that supports participation in the USDA school meal programs administered by the department.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	BUDGETS: Maintains a financially sound operation and develops and monitors systems and processes to track and optimize productivity including standards, metrics, and performance indicators to ensure effective return on assets. Formulates and manages the budget including income and expenditure analysis, staffing, and facility operation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	SUPERVISION: Supervises the hiring, placement, training, and job coaching of the Nutrition Service Center staff.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	LEADER of NUTRITION SERVICES: Ensures efficiency, quality and cost control, safety and sanitation, and service in accordance with federal, state, and local regulations and policies.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	PLANNING: Prepares and presents long range school nutritional plans and forecasts and communicates fiscal matters to the Superintendent.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	POLICIES & PROCEDURES: Directs the development and implementation of the food safety systems as required by law.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	REPORTING TO SUPERINTENDENT: Provides useful, timely KDE nutritional reports, expenditures, and equipment procurement information to the Superintendent on a regular basis.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	COMPLIANCE REQUIREMENTS: Completes all trainings and other compliance requirements as assigned and by the designated deadline.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	KDE REGULATIONS: Adheres to all KDE mandated regulations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	OTHER DUTIES AS ASSIGNED: Performs other duties as assigned by Superintendent.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	OVERALL RATING:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Supervisor's Comments on Job Performance:
Employee Comments:
Suggested Area of Growth:

To be signed after all information above has been completed and discussed.

Evaluatee: _____ Agree with this evaluation _____
Signature Date

_____ Disagree with this evaluation

Evaluator: _____
Signature Date

EMPLOYMENT RECCOMENDATION TO SUPERINTENDENT: _____ Recommended for re-employment
 _____ Not Recommended for re-employment

***Any employee disagreeing with any evaluation or part thereof may have attached to the evaluation a written statement expressing disagreement. (This employee shall be given a copy of this form)**

Related to discrimination policies, procedures, or practices are to be directed to the Office of Superintendent, Todd County Schools

Todd County Schools School Nutrition Department School Nutrition Assistant Evaluation Form

Name of Employee:		Position:		
Supervisor/Evaluator:		School Year:		
		Date of Evaluation:		
#	Category	Satisfactory	Needs Improvement	Unsatisfactory
1	Understand principles and methods of food service preparation, serving & storage.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Utilizes sanitation and safety practices related to handling, cooking, baking & serving food.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Demonstrates methods of preparing and serving food in large quantities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Understand methods of adjusting and extending recipes and proper substitutions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Understands proper methods of storing equipment, materials, and supplies.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	Uses standard kitchen equipment, utensils, and measurements.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	Follows health & safety regulations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	Maintains good attendance & is punctual.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	Prepare and serve food in accordance with health and sanitation regulations and keep appropriate documentation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	Operate and maintain standard machines and equipment found in school cafeterias and kitchens.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	Understand and follow oral and written directions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	Establish and maintain cooperative and effective working relationships.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	OVERALL RATING:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supervisors Comments on Job Performance:				
Employees Comments:				
Suggested Areas of Growth:				

To be signed after all information above has been completed and discussed.

Evaluatee: _____ Agree with this evaluation _____ Signature _____ Date

_____ Disagree with this evaluation

Evaluator: _____ Signature _____ Date

EMPLOYMENT RECCOMENDATION TO SUPERINTENDENT: _____ Recommended for re-employment
 _____ Not Recommended for re-employment

***Any employee disagreeing with any evaluation or part thereof may have attached to the evaluation a written statement expressing disagreement. (This employee shall be given a copy of this form)**

Todd County Schools School Nutrition Department School Nutrition Manager Evaluation Form

Name of Employee:		Position:		
Supervisor/Evaluator:		School Year:		
		Date of Evaluation:		
#	Category	Satisfactory	Needs Improvement	Unsatisfactory
1	Implements procedures for collecting, counting, & auditing monies/lunch tickets.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Follows designated procedures for making bank deposits.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Executes designated procedures for handling receipts & disbursements.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Records & reports comply with federal, state, & local guidelines.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Supervises the preparation of meals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	Supervises the serving of meals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	Assures that the food, supplies, & equipment are adequate to manage an effective cafeteria.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	Maintains an up to date & accurate inventory of all products.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	Receives & stores supplies, food, & equipment in accordance with local, state, & federal guidelines.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	Supervises staff to assure efficient operation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	Promotes & maintains high standards of safety & sanitation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	OVERALL RATING:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supervisors Comments on Job Performance:				
Employees Comments:				
Suggested Areas of Growth:				

To be signed after all information above has been completed and discussed.

Evaluatee: _____ Agree with this evaluation
 _____ Disagree with this evaluation

Signature

Date

Evaluator: _____

Signature

Date

EMPLOYMENT RECCOMENDATION TO SUPERINTENDENT: _____ Recommended for re-employment
 _____ Not Recommended for re-employment

***Any employee disagreeing with any evaluation or part thereof may have attached to the evaluation a written statement expressing disagreement. (This employee shall be given a copy of this form)**

Todd County Schools School Secretary Evaluation Form

Name of Employee:		Position:		
Supervisor/Evaluator:		School Year:		
		Date of Evaluation:		
#	Category	Satisfactory	Needs Improvement	Unsatisfactory
1	Provides information; prepares correspondences and related matters; prepares and maintains files and records; assists teachers, parents, and students.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Maintains and respects confidentiality of student and school personnel information.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Communicates orally and in writing effectively with school personnel, parents, and the general public.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Performs any and all office duties as outlined in the job description.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Supervises students sent to the office for various reasons.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	Maintains a cooperative working relationship with staff, students, parents and public.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	Punctual and has regular attendance.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	Willingness to accept new ideas and/or change.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	Takes initiative and assumes responsibility for prompt, appropriate action.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	OVERALL RATING:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supervisors Comments on Job Performance:				
Employees Comments:				
Suggested Areas of Growth:				

To be signed after all information above has been completed and discussed.

Evaluatee: _____ Agree with this evaluation

Signature

Date

_____ Disagree with this evaluation

Evaluator:

Signature

Date

EMPLOYMENT RECCOMENDATION TO SUPERINTENDENT: _____ Recommended for re-employment

_____ Not Recommended for re-employment

***Any employee disagreeing with any evaluation or part thereof may have attached to the evaluation a written statement expressing disagreement. (This employee shall be given a copy of this form)**

**Todd County Schools Technology Department
Chief Information Officer (CIO) & District Technology Coordinator (DTC)
Evaluation Form**

Name of Employee:		Position:		
Supervisor/Evaluator:		School Year:		
		Date of Evaluation:		
#	Category	Satisfactory	Needs Improvement	Unsatisfactory
1	VISION & MISSION: Provides and manages a secure, compliant, robust, reliable, scalable, and efficient IT infrastructure and directs infrastructure support strategy and operations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	LEADERSHIP: Consults, negotiates, and assists with other teams on projects and integration issues; serves as a liaison and works closely Superintendent, IT team and other departments, KDE, regulated service providers, vendors, and telecommunications organizations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	BUDGETS: Develops, prepares, and recommends budget for purchasing, upgrading, and maintaining components and services of IT Infrastructure; negotiates purchasing efforts with various vendors and work with internal TC purchasing.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	SUPERVISION: Supervises and coordinates activities of employees in field of assignments. Implements production schedules and records worker-hour requirements for completion of job assignment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	LEADER of IT SERVICES: Provides leadership in development, testing, and support of the institutional risk management programs for business continuity and IT disaster recovery with redundancy and cost control/reduction within TC and KDE limits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	PLANNING: Creates strategic and long-range planning items for IT Infrastructure resource management and prepares and keeps current documentation on all managed systems, including IT business continuity and disaster recovery plans and capacity planning.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	POLICIES & PROCEDURES: Establishes policies and procedures in accordance with federal, state, and local statute to ensure strong internal controls for safety in the maintenance and grounds of district to ensure safety of all employees.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	REPORTING TO SUPERINTENDENT: Provides useful, timely IT infrastructure reports to convey information to the Superintendent on a regular basis.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	COMPLIANCE REQUIREMENTS: Ensures security best practices are implemented and revised, as needed, to maintain the availability, integrity and confidentiality of the information stored on and accessed through the network (firewalls, file rights, backup systems, account management, vulnerability testing, etc.,	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	KDE REGULATIONS: Adheres to all KDE mandated regulations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	OTHER DUTIES AS ASSIGNED: Performs other duties as assigned by Superintendent.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

OVERALL RATING:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Supervisor's Comments on Job Performance:
Employee Comments:
Suggested Area of Growth:

To be signed after all information above has been completed and discussed.

Evaluatee: _____ Agree with this evaluation _____
Signature Date

_____ Disagree with this evaluation
 Evaluator: _____
Signature Date

EMPLOYMENT RECCOMENDATION TO SUPERINTENDENT: _____ Recommended for re-employment
 _____ Not Recommended for re-employment

***Any employee disagreeing with any evaluation or part thereof may have attached to the evaluation a written statement expressing disagreement. (This employee shall be given a copy of this form)**

Related to discrimination policies, procedures, or practices are to be directed to the Office of Superintendent, Todd County Schools

Todd County Schools Technology Department School Technology Technician Evaluation Form

Name of Employee:			Position:	
Supervisor/Evaluator:			School Year:	
			Date of Evaluation:	
#	Category	Satisfactory	Needs Improvement	Unsatisfactory
1	Assumes responsibility for and assists with short-range and long-range planning.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Provides technical assistance to District and school staff in the areas of technology integration.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Monitors and maintain services and troubleshoot databases as the liaison between instructional technology support, curriculum, and instruction.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Assists in designing, planning, implementing, and supporting databases and data retrieval systems to provide accurate reporting for District, state, and federal programs related to instructional technology and curriculum and instruction.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Assists in preparing, maintaining, and updating data/information.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	Maintains accurate data and conduct analysis of data for evaluations using electronic data processing equipment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	Completes all trainings and other compliance requirements as assigned and by the designated deadline.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	Prepares specifications reports and mass updates and produce reports from databases.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	KDE REGULATIONS: Adheres to all KDE mandated regulations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	OTHER DUTIES AS ASSIGNED: Performs other duties as assigned by Superintendent.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	OVERALL RATING:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Supervisor's Comments on Job Performance:
Employee Comments:
Suggested Area of Growth:

To be signed after all information above has been completed and discussed.

Evaluatee: _____ Agree with this evaluation _____
Signature Date

_____ Disagree with this evaluation
 Evaluator: _____
Signature Date

EMPLOYMENT RECCOMENDATION TO SUPERINTENDENT: _____ Recommended for re-employment
 _____ Not Recommended for re-employment

***Any employee disagreeing with any evaluation or part thereof may have attached to the evaluation a written statement expressing disagreement. (This employee shall be given a copy of this form)**

**Todd County Schools Transportation Department
Director of Transportation Evaluation Form**

Name of Employee:		Position:		
Supervisor/Evaluator:		School Year:		
		Date of Evaluation:		
#	Category	Satisfactory	Needs Improvement	Unsatisfactory
1	VISION & MISSION: Leads the strategic plan goals regarding effective and efficient transportation operations and mechanic operations to ensure proper stewardship, equitable allocation of resources, and performance monitoring.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	LEADERSHIP: Serves as a member of the Superintendent's leadership team and acts as Superintendent's designee in division wide transportation and mechanic matters.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	BUDGETS: Executes an annual budget process for the transportation and mechanics departments that communicates the needs identified to the Superintendent, and Board of Education and results in approval of the required funding for the transportation and mechanic operations in compliance with District policies, and federal, state, and local regulations and requirements.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	SUPERVISION: Manages and coordinates District transportation objectives for all students identified as transported by pupil attendance records. Supervises and manages transportation and mechanical services. Provides communication with parents, community representatives and general public regarding transportation issues.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	LEADER of TRANSPORTATION SERVICES: Leads the Transportation Division in planning and management in development and implementation of appropriate regulations, monitoring processes, evaluation of drivers, monitors and mechanics and completes internal audit procedures.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	PLANNING: Prepares and presents long range transportation plans and forecasts and communicates fiscal matters to the Superintendent.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	POLICIES & PROCEDURES: Establishes policies and procedures in accordance with federal, state, and local statute to ensure strong internal controls for safety in the transportation of students and staff.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	REPORTING TO SUPERINTENDENT: Provides useful, timely transportation reports to convey information to the Superintendent on a regular basis.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9	COMPLIANCE REQUIREMENTS: Completes all trainings and other compliance requirements as assigned and by the designated deadline.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	KDE REGULATIONS: Adheres to all KDE mandated regulations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	OTHER DUTIES AS ASSIGNED: Performs other duties as assigned by Superintendent.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	OVERALL RATING:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Supervisor's Comments on Job Performance:

Employee Comments:

Suggested Area of Growth:

To be signed after all information above has been completed and discussed.

Evaluatee: _____ Agree with this evaluation

Signature

Date

_____ Disagree with this evaluation

Evaluator:

Signature

Date

EMPLOYMENT RECCOMENDATION TO SUPERINTENDENT: _____ Recommended for re-employment

_____ Not Recommended for re-employment

***Any employee disagreeing with any evaluation or part thereof may have attached to the evaluation a written statement expressing disagreement. (This employee shall be given a copy of this form)**

Related to discrimination policies, procedures, or practices are to be directed to the Office of Superintendent, Todd County Schools

Todd County Schools Transportation Department Bus Drivers Evaluation Form

Name of Employee:		Position:		
Supervisor/Evaluator:		School Year:		
		Date of Evaluation:		
#	Category	Satisfactory	Needs Improvement	Unsatisfactory
1	Keeps Assigned Bus Clean	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Keeps Assigned Bus Fueled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Completes Pre-trip Inspection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Completes Required Reports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Uses Good Judgement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	Maintains Pupil Control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	Relates Well with Students	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	Relates Well with Other Employees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	Abides by Rules and Regulations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	Accepts Responsibility Willingly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	Willingness to do Other Work (i.e., fieldtrips, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	Maintains Regular Schedule	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13	Complies with Instructions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14	Attendance, Punctual, Dependable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15	Exhibits Good Driving & Safety Practices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	OVERALL RATING:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supervisors Comments on Job Performance:				
Employees Comments:				
Suggested Areas of Growth:				

To be signed after all information above has been completed and discussed.

Evaluatee: _____ Agree with this evaluation

Signature

Date

_____ Disagree with this evaluation

Evaluator:

Signature

Date

EMPLOYMENT RECCOMENDATION TO SUPERINTENDENT: _____ Recommended for re-employment
 _____ Not Recommended for re-employment

***Any employee disagreeing with any evaluation or part thereof may have attached to the evaluation a written statement expressing disagreement. (This employee shall be given a copy of this form)**

Related to discrimination policies, procedures, or practices are to be directed to the Office of Superintendent, Todd County Schools

Todd County Schools Transportation Department Bus Monitor Evaluation Form

Name of Employee:		Position:		
Supervisor/Evaluator:		School Year:		
		Date of Evaluation:		
#	Category	Satisfactory	Needs Improvement	Unsatisfactory
1	Assists the Driver in supervision on students.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Assists the Driver in loading and un-loading students.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Assists the driver in maintaining a positive environment on the bus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Assists in the pickup and delivery of students from/to parent, guardian, or authorized individual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Assists in maintaining Student Behavior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	Relates Well with Other Employees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	Performs any other responsibilities as outlined in State Transportation Guidelines for students.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	Attendance, Punctual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	Completes all trainings and other compliance requirements as assigned and by the designated deadline.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	OVERALL RATING:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supervisors Comments on Job Performance:				
Employees Comments:				
Suggested Areas of Growth:				

To be signed after all information above has been completed and discussed.

Evaluatee: _____ Agree with this evaluation

Signature

Date

_____ Disagree with this evaluation

Evaluator:

Signature

Date

EMPLOYMENT RECCOMENDATION TO SUPERINTENDENT: _____ Recommended for re-employment

_____ Not Recommended for re-employment

***Any employee disagreeing with any evaluation or part thereof may have attached to the evaluation a written statement expressing disagreement. (This employee shall be given a copy of this form)**

Todd County Schools Transportation Department Vehicle Maintenance Supervisor Evaluation Form

Name of Employee:		Position:		
Supervisor/Evaluator:		School Year:		
		Date of Evaluation:		
#	Category	Satisfactory	Needs Improvement	Unsatisfactory
1	Assign, supervise and participate in major and minor mechanical repairs on buses and other light motorized equipment; diagnose diesel internal combustion engine maintenance problems.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Diagnose, supervise, and participate in skilled and semi-skilled repairs of mechanical defects in buses, automobiles, trucks, and other gas-and diesel-powered automotive equipment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Determine priority of work orders and their assignment to personnel; plan, organize and schedule workflow of employees as assigned; advise and assist assigned personnel; assure timely completion of work.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Initiate requisition for materials and equipment; authorize purchases from local vendors; maintain adequate inventory of parts, equipment and supplies used in repairing and servicing motorized vehicles.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Monitor tools, tool room equipment, maintenance, and safety practices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	Willingness to work with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	Attendance, Punctual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	OVERALL RATING:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supervisors Comments on Job Performance:				
Employees Comments:				
Suggested Areas of Growth:				

To be signed after all information above has been completed and discussed.

Evaluatee: _____ Agree with this evaluation

Signature

Date

_____ Disagree with this evaluation

Evaluator:

Signature

Date

EMPLOYMENT RECCOMENDATION TO SUPERINTENDENT: _____ Recommended for re-employment

_____ Not Recommended for re-employment

***Any employee disagreeing with any evaluation or part thereof may have attached to the evaluation a written statement expressing disagreement. (This employee shall be given a copy of this form)**

Todd County Schools Transportation Department Mechanic Employee Evaluation Form

Name of Employee:		Position:		
Supervisor/Evaluator:		School Year:		
		Date of Evaluation:		
#	Category	Satisfactory	Needs Improvement	Unsatisfactory
1	Maintains daily work schedule and accurate records of assigned vehicles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Processes work orders for parts used on vehicles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Repairs heating, venting, air-conditioning, and electrical systems on all vehicles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Assumes responsibility of proper use of tools, equipment and standard maintenance and safety inspection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Performs other duties as assigned by supervisor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	Completes all trainings and other compliance requirements as assigned and by the designated deadline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	Willingness to work with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	Attendance, Punctual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	OVERALL RATING:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supervisors Comments on Job Performance:				
Employees Comments:				
Suggested Areas of Growth:				

To be signed after all information above has been completed and discussed.

Evaluatee: _____ Agree with this evaluation

Signature

Date

_____ Disagree with this evaluation

Evaluator:

Signature

Date

EMPLOYMENT RECCOMENDATION TO SUPERINTENDENT: _____ Recommended for re-employment

_____ Not Recommended for re-employment

***Any employee disagreeing with any evaluation or part thereof may have attached to the evaluation a written statement expressing disagreement. (This employee shall be given a copy of this form)**

Related to discrimination policies, procedures, or practices are to be directed to the Office of Superintendent, Todd County Schools

**TODD COUNTY SCHOOLS
CLASSIFIED PERSONNEL EVALUATION FORM**

Evaluatee: _____ Position: _____ Date of Evaluation: _____

Work Site: _____ School Year: _____

Evaluator: _____

Classified Personnel Standards	Needs		
	Satisfactory	Improvement	Unsatisfactory
Completes all work/duties accurately and promptly			
Demonstrates punctuality and good attendance for all duties			
Works/communicates effectively with admin. and other staff			
Adheres to CONFIDENTIALITY in all capacities as an employee of Todd County.			
Is consistently responsible and displays an attitude of honesty and credibility			
Represents Todd County Schools in an enthusiastic and friendly manner			
Demonstrates loyalty and dedication to the purposes and goals of Todd County Schools			
Performance of duties as required per Todd County Board of education job description. *			

**Please indicate any job description area(s) designated unsatisfactory or needing improvement.*

SUGGESTED GROWTH AREAS:

EVALUATOR COMMENTS:

EVALUATEE COMMENTS:

To be signed after all information has been completed and discussed:

Evaluatee: _____ Agree with evaluation _____
Signature _____ Date _____

_____ Disagree with evaluation

Evaluator: _____
Signature _____ Date _____

Employment Recommendation to Central Office: _____ Recommended for re-employment
_____ Not recommended for re-employment

Any employee disagreeing with any evaluation or part thereof may have attached to the evaluation a written statement expressing disagreement. (This employee shall be given a copy of this form)

Related to discrimination policies, procedures, or practices are to be directed to the Office of Superintendent, Todd County Schools

**Todd County School District
Performance Growth Plan
Classified Employee**

ENRICHMENT PLAN

ASSISTANCE PLAN

Employee Name: _____ Date: _____ School/Location: _____

1. Improvement Objective(s): Describe desired goal or outcome.

2. Procedures for achieving Objective(s): Explain steps and responsibilities.

3. Appraisal of Method and Target Dates for Goals:

4. Employee's Comments:

5. Evaluator's Comments:

Individual Growth Plan Developed: _____ (Date)

Evaluatee Signature/ Date

Evaluator's Signature/ Date

Indicate whether the improvement objective(s) was/were achieved.

Achieved Not Achieved Partially Achieved Continued

Evaluatee Signature/ Date

Evaluator's Signature/ Date

