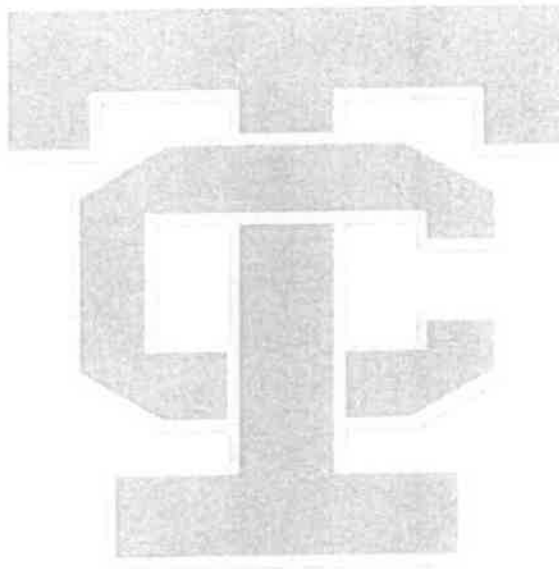


Todd County School District



# Classified Evaluation Plan

TODD COUNTY SCHOOL DISTRICT

## Classified Evaluation Plan

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*Mark Thomas*, Superintendent  
Todd County Board of Education  
205 Airport Road  
Elkton, KY 42220  
Phone 270.265.2436

[www.todd.ky.schools.us](http://www.todd.ky.schools.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.

## 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"/>
	<b>OVERALL RATING:</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supervisors Comments on Job Performance: _____				
Employees Comments: _____				
Suggested Areas of Growth: _____				

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**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 Head Coach Evaluation Form

Name of Employee: _____		Position: _____		
Supervisor/Evaluator: _____		School Year: _____		
		Date of Evaluation: _____		
#	Category	Satisfactory	Needs Improvement	Unsatisfactory
1	Cooperates with the athletic office regarding preseason paperwork (coaches paperwork, player registration compliance, practice schedules, team rosters, etc.).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Communicates with assistant coaches in regard to roles, duties, and expectations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Abides by all relevant School Committee policies, administrative directives, MIAA rules / regulations, and league / conference rules / regulations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Provides proper supervision of athletes at all times / venues (locker rooms, fields, gyms, travel vessel and vehicles, practice area, locker rooms, etc.) whenever athletes are present.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Demonstrates proper care of school facilities and equipment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	Communicates effectively with all participating student-athletes and their parents.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	Follows proper budget and purchase order procedures with regards to any equipment / uniform purchases.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	Maintains a detailed inventory of team equipment / uniforms and provides an updated report to the athletic department at the conclusion of each season.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	Conducts themselves in a professional and sportsmanlike manner at all times.	<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"/>
<b>OVERALL RATING:</b>		<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

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# 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 policies 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	Models 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"/>
	<b>OVERALL RATING:</b>	<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

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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"/>
	<b>OVERALL RATING:</b>	<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"/>
<b>OVERALL RATING:</b>		<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

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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"/>
<b>OVERALL RATING:</b>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Supervisors Comments on Job Performance: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Employees Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Suggested Areas of Growth: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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**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

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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:

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Employees Comments:

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Suggested Areas of Growth:

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**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

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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: _____				

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**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"/>
	<b>OVERALL RATING:</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supervisors Comments on Job Performance: _____				
Employees Comments: _____				
Suggested Areas of Growth: _____				

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**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"/>
<b>OVERALL RATING:</b>		<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"/>
<b>OVERALL RATING:</b>		<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"/>
<b>OVERALL RATING:</b>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Supervisors Comments on Job Performance: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Employees Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Suggested Areas of Growth: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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**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"/>
	<b>OVERALL RATING:</b>	<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"/>
	<b>OVERALL RATING:</b>	<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 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)**

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  
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 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"/>
<b>OVERALL RATING:</b>		<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

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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"/>
<b>OVERALL RATING:</b>		<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

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

# 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

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

**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"/>	<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

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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"/>
	<b>OVERALL RATING:</b>	<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

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

**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

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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"/>
	<b>OVERALL RATING:</b>	<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)**

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

# 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)**

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

# 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"/>
<b>OVERALL RATING:</b>		<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	Satisfactory	Needs 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)**

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**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