

NON-CONTRACTED STAFF

4203

Evaluation

Employee _____ Supervisor _____

Job Title _____ School _____

Probationary _____ Annual _____ Special _____

Rating Period _____ to _____.

Code to Ratings:

ES - Exceeds Standards MS - Meets Standards NI - Needs Improvement U - Unsatisfactory

Instructions:

1. Evaluate using job description. Update where necessary.
2. All evaluations in person and in writing.

	ES	MS	NI	U
Quality of Work:				
Accuracy				
Neatness				
Completeness, Thoroughness				
Quantity of Work:				
Volume of Work				
Promptness of Completion				
Knowledge of Job Skills:				
Methods and Procedures				
Operation/Care of Equipment				
Dependability:				
Working in absence of direct supervision				
Observance of work hours				
Work completed on time				
Minimum of absences				
Uses good judgment				
Uses discretion in divulging information				
Effectiveness under stress				
Supervisory Skills: (if applicable)				
Planning and Organizing				
Judgment and Decisions				
Evaluating Subordinates				
Leadership				
Training and Instruction				
Attitude: (Work Interest)				
Initiative				
Accepts Direction				
Ability in planning and organizing work				
Compliance with rules, regulations, etc.				
Safety practices				
Cooperative				

	ES	MS	NI	U
Working with others:				
Tact, courtesy, self-control, patience				
Working in harmony with other employees				
Working effectively with pupils				
Working effectively with public				
Appearance:				
Appropriateness to position				
Other Factors:				

Overall Rating For Present Job:

Give your total evaluation of employee, consider all factors which affect employee's value to the organization.

Additional Rater's Comments: (Summarize your rating of employee - use additional sheet if necessary.)

Signature of Rater: _____ **Date:** _____

(It is understood that in signing this Evaluation Report, the employee acknowledges having seen and discussed this report. The employee's signature does not necessarily imply agreement with the conclusions of the supervisor.)

Comments By Employee: (if desired)

Signature of Employee: _____ Date _____

(It is understood that in signing this Evaluation Report, the employee acknowledges having seen and discussed this report. The employee's signature does not necessarily imply agreement with the conclusions of the supervisor.)

Original Copy - Central Office Personnel File
 Second Copy - Employee

Adopted: Blue Hill School Committee: 1/14/87 as part of 4105. When the policy was removed on 4/12/2000 the evaluation became 4203 on 4/12/2000.

Adopted: Brooksville School Committee: 6/8/87 as part of 4104H. When the policy was removed on 10/4/99 this evaluation form became 4203 on 10/4/1999.

Adopted: Castine School Committee: 1/6/87 as part of 4103 B. When the policy was removed on 4/6/2000 this evaluation form became 4203 on 4/6/2000.

Adopted: Penobscot School Committee: 1/1/87 as part of 4103. When the policy was removed on 4/10/2000 this evaluation form became 4203 on 4/10/2000.