

##  Southington Public Schools

Classified Personnel Evaluation Form

Paraprofessionals, Nurses, Secretarial, Custodial, Maintenance, Security, Non-Union Clerks, Matrons, Hall Monitors, ABA Therapists

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| --- | --- | --- | --- |
| Name |       | School |       |
| Position  |  | Date  |       |
| Hire Date |       |  |  |
| # of Absences | Sick: Personal:   |  |  |
| Was employee out of work due to a work related injury or illness?  | Yes [ ] No [ ]  |
| Was employee on an approved leave of absence?  | Yes [ ] No [ ]  |

This evaluation is: [ ]  Completion of New Hire Probationary Period

 [ ]  Annual Evaluations for       School Year

 [ ]  Probation Period for Transfer

Instructions: Check (**X**) the space that most accurately reflects your evaluation of the employee.

KEY

KEY:

5. Outstanding Performance is consistently above job requirements

4. Commendable Performance meets and in many cases exceeds job requirements

3. Satisfactory Performance consistently meets job requirements

2. Improvement Needed Performance, at times, does not meet job requirements

1. Unsatisfactory Performance often fails to meet job requirements

N/A Not applicable to this employee

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Criteria for Evaluation | 1 | 2 | 3 | 4 | 5 | N/A |
| 1. | Exhibits a thorough knowledge of the assignment. Comments listed below [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| 2. | Work performed meets standards for assignment. Comments listed below [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| 3. | Completes work on time according to supervisor’s priorities. Comments listed below [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| 4. | Works well under pressure. Comments listed below [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| 5. | Uses time efficiently. Comments listed below [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| 6. | Handles problems with a minimum of confusion. Comments listed below [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |

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| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Criteria for Evaluation | 1 | 2 | 3 | 4 | 5 | N/A |
| 7. | Demonstrates initiative in organizing work assignment. Comments listed below [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| 8. | Demonstrates positive attitude and exhibits pleasant manner when dealing with the public. Comments listed below [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| 9. | Demonstrates effective judgment skills able to work independently. Comments listed below [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| 10. | Other - **Narrative only – do not rate**      |

EVALUATOR COMMENTS:

|  |  |
| --- | --- |
| Criteria # & Description | COMMENTS |
|       |       |
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EMPLOYEE ACKNOWLEDGEMENT:

I have reviewed the evaluation and discussed the contents with my supervisor. My signature reflects that I have been advised of my performance status but does not necessarily imply that I agree with this evaluation.

 Employee Signature:

 Date of Conference:

EMPLOYEE COMMENTS*: Employee comments may be added here or completed on a separate sheet and attached to this document.*

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SUPERVISOR’S COMMENTS:

If this evaluation is being completed at the end of a new employee’s probationary period, the supervisor should comment on the retention of the employee on a regular basis.

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 Supervisor’s Signature:

 Date:

Upon completion, this form should be forwarded to the Personnel Office for review by the responsible Central Office Administrator.

Central Office Review: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_