

Jenks Public Schools Classified Employee Performance Evaluation

____ Annual Evaluation ____ Probationary Evaluation ____ Special Evaluation

Employee _____ Job Title _____ Building/Department _____ School Year _____

PERFORMANCE EVALUATION ASSESSMENT

Consider each factor independently after reading the factor definition. Indicate your evaluation by placing a check mark in the appropriate box.

	MEETS EXPECTATIONS Job performance meets what is reasonably expected of an individual in this classification.	SUGGESTED FOCUS OR REFINEMENT Job performance needs refinement.	NOT ACCEPTABLE Job performance is unacceptable and improvements must be accomplished according to improvement plan.	COMMENTS
1 Work Knowledge Consider the employee's understanding of all phases of the job, including district/site goals.				
2 Work Quantity Consider the amount of satisfactory work produced.				
3 Quality of Work Consider neatness, accuracy, and excellence of work produced.				
4 Dependability Consider attendance and punctuality.				
5 Judgment and Common Sense Consider ability to make a decision, form an opinion, or take action objectively, wisely, and with authority.				
6 Initiative: Consider amount of supervision required and ability to initiate action.				
7 Personal Traits Consider leadership qualities and ability to cooperate with others.				
8 Ability to Plan and Organize Consider the ability to plan duties in an effective manner.				
9 Attitude Consider interest and disposition toward job.				
10 Personal Appearance Consider neatness and grooming if appropriate to this job classification.				
11 Professional Development Consider employee's total growth during rating period.				
12 Customer Focus and Relations Considers and is receptive to needs of all customers. Interacts with staff, parents, and students in a positive and professional manner.				

EVALUATOR COMMENTS:

PLAN FOR IMPROVEMENT OR ADDITIONAL COMMENTS

- SEE ATTACHMENT

*(An Improvement Plan is required for any 'Not Acceptable' rating.)

EMPLOYEE COMMENTS: _____

Number of Professional Development Hours: _____ Reviewed Annual Goal Sheet: ___Yes ___No

I certify this evaluation has been discussed with me. I understand my signature does not necessarily indicate agreement. Within ten working days after the date of this evaluation, the classified employee may respond in writing, and said response shall become part of the evaluation.

Evaluator Date

Supervisor/Director Date

Signature of Employee _____ Date _____