

## **CLASSIFIED EVALUATION REPORT**

Employee Name				
Classification	Site _			
Administrator/Supervisor				
Dates of Evaluation Period from:	to _			
FACTORS CHECKLIST	1	2	3	N/A
Rate each factor:	•	_		14,71
1 Needs Improvement				
2 Meets standards				
3 Exceeds Standards				
Quality of Work				
Volume of acceptable work				
Knowledge of work				
Punctuality and attendance				
Compliance with policies				
Meets deadlines				
Accepts responsibility				
Accepts direction				
Accepts change				
Effectiveness under stress				
Safety practices				
Operation and care of equipment				
Appearance of work station				
Judgment				
Initiative				
Relations with public				
Relations with staff and students				
Grooming and dress				
Professional development				
Additional Factors:				
Check each factor in the appropriate column	1	2	3	N/A
ONLY for employees who are in a "lead" role and provide work direction to others.				
Planning and organizing				
Scheduling and coordinating				
Training and instructing				
Productivity				
Evaluating others				
Judgment and decisions				
Leadership				
Maintains confidentiality				

Comments by Administrator/Supervisor on streng	ths/superior performance:
Comments by Administrator/Supervisor on opport	unities for improvement:
During the evaluation conference, please identify goals may pertain to growth and development or b	pe related to a function of the position.
Employee comments on plan to reach these goals	3:
Administrator/Supervisor comments on plan to su	pport these goals:
Supervisor's Recommendation (probationary emp	loyee only):
☐ Continuation of employment ☐ Termination	
Signature of Administrator/Supervisor	Date
Employee: I certify that this report has been discill also understand that my signature does not necessary attach written comments to accompany this expressions.	essarily indicate agreement and that I
Signature of Employee	Date
Copies to: Employee, Administrator/Supervisor, Personnel I	-ile
CO-38A - 5/2012	