*Classified Regular Evaluation*

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| --- | --- | --- | --- |
| **NAME:** |  | **DATE:** |  |
| **TITLE:** |  | **DEPARTMENT:** |  |

**-‑ To be Completed by EMPLOYEE ‑-**

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| **INSTRUCTIONS: To be prepared separately by employee before meeting with supervisor. To be attached to fully completed evaluation by supervisor and submitted to the Human Resources Department. Complete only applicable sections.** |
| 1) What are employee’s area(s) of greatest strength, including their impact on the job?  2) Identify the significant accomplishments employee has achieved since previous evaluation:  3) For Classified Staff who are directly responsible for, or directly support student learning:  Identify how the employee has used the results of the assessment of learning outcomes to improve teaching and learning.  4) Employee's progress on goals and/or objectives from previous evaluation. Were goals/objectives for employee achieved since previous evaluation period?  Yes [ ] No [ ] If no, answer 4a and 4b below.  a. What action has been taken by supervisor to assist in the achievement of those goals and/or objectives?  b. What action has been taken by employee to assist in the achievement of those goals and/or objectives?  5) Identify areas for continued growth and/or a goal or objective in the next evaluation cycle. |

*Classified Regular Evaluation*

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| --- | --- | --- | --- |
| **NAME:** |  | **DATE:** |  |
| **TITLE:** |  | **DEPARTMENT:** |  |

**-‑ To be Completed by SUPERVISOR ‑-**

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| **INSTRUCTIONS: To be prepared separately by supervisor before meeting with employee. To be attached to fully completed evaluation by supervisor and submitted to the Human Resources Department. Complete only applicable sections.** |
| 1) What are employee’s area(s) of greatest strength, including their impact on the job?  2) Identify the significant accomplishments employee has achieved since previous evaluation:  3) Employee's progress on goals and/or objectives from previous evaluation. Were goals/objectives for employee achieved since previous evaluation period?  Yes [ ] No [ ] If no, answer 3a and 3b below.  a. What action has been taken by supervisor to assist in the achievement of those goals and/or objectives?  b. What action has been taken by employee to assist in the achievement of those goals and/or objectives?  4) Identify areas for continued growth and/or a goal or objective in the next evaluation cycle. |

*Classified Regular Evaluation*

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| --- | --- | --- | --- |
| **NAME:** |  | **DATE:** |  |
| **TITLE:** |  | **DEPARTMENT:** |  |

**-‑ To be Completed by SUPERVISOR ‑-**

RATING SCALE

(E) Exemplary performance (Significantly exceeds job expectations)

(M) Meets the requirements of the job

(N) Needs Improvement (Somewhat below minimum job standards)

(U) Unsatisfactory Performance (Significantly below required job standards)

n/a Not applicable

Comments may be provided to explain, elaborate, or make recommendations on the rating given.

(Required for Ratings N & U, Refer to Article 4.6.1)

|  |  |  |
| --- | --- | --- |
| JOB SKILLS | | |
| CATEGORY | RATING | COMMENTS |
| a. Quality of work |  |  |
| b. Demonstrates appropriate skills |  |  |
| c. Handles variety of tasks/projects at same time |  |  |
| d. Demonstrates knowledge of District policies and procedures applicable to job |  |  |
| e. Lead worker – Plans and assigns work, gives clear instructions, delegates responsibility, trains personnel and plans effectively with supervisor. |  |  |

|  |  |  |
| --- | --- | --- |
| MOTIVATION/INITIATIVE | | |
| CATEGORY | RATING | COMMENTS |
| a. Willingness to assume responsibility |  |  |
| b. Seeks increased responsibility within the scope of the job |  |  |
| c. Suggests improved methods of doing the job |  |  |
| d. Accepts and implements suggestions |  |  |
| e. Exercises appropriate judgment |  |  |
| f. Makes sound decisions in the absence of detailed instructions or direct supervision |  |  |

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| EFFECTIVE WORKING RELATIONSHIPS | | |
| CATEGORY | RATING | COMMENTS |
| a. Works cooperatively with students, co-workers, general public |  |  |
| b. Works cooperatively with supervisor |  |  |
| c. Deals effectively with difficult situations/people |  |  |
| d. Accepts responsibility with others for completing group projects |  |  |

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| --- | --- | --- |
| ADAPTABILITY | | |
| CATEGORY | RATING | COMMENTS |
| a. Accepts and adapts to new assignments |  |  |
| b. Understands and accepts new work methods |  |  |

|  |  |  |
| --- | --- | --- |
| COMMUNICATION | | |
| CATEGORY | RATING | COMMENTS |
| a. Keeps supervisor informed of status of assigned work |  |  |
| b. Directs issues needing clarification or resolution through appropriate channels |  |  |

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| --- | --- | --- |
| ORGANIZATIONAL ABILITY | | |
| CATEGORY | RATING | COMMENTS |
| a. Organizes and coordinates work of others |  |  |
| b. Organizes and completes work in allotted time |  |  |

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| --- | --- | --- |
| ATTENDANCE | | |
| CATEGORY | RATING | COMMENTS |
| a. Punctuality |  |  |
| b. Dependability in conforming to established work hours |  |  |

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| ADDITIONAL EVALUATOR COMMENTS/OBJECTIVES FOR NEXT EVALUATION PERIOD |
|  |

**OVERALL PERFORMANCE APPRAISAL:**

🞎 EXCEEDS EXPECTATIONS - No Follow-up Needed

🞎 MEETS EXPECTATIONS - No Follow-up Needed

🞎 NEEDS IMPROVEMENT\* (Choose One)

🞎 Follow-up during next regular evaluation

🞎 Performance Improvement Plan required

🞎 UNSATISFACTORY\*

🞎 Performance Improvement Plan required

\*Ratings must be substantiated by supporting observations, examples and/or specific areas for improvement.

**EMPLOYEE CONFERENCE/SIGNATURE:**

*In signing the Evaluation Report Form, the employee acknowledges having seen and discussed the report. The employee's signature does not necessarily indicate agreement with the conclusions of the evaluator. The employee may submit a response to this report, in writing, to the evaluator within ten (10) working days from the date of this report. That copy will be attached and filed with the Evaluation Report Form (Section 87031, California Education Code).*

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|  |  |  |  |  |  |  |
| Signature of Supervising Administrator |  | Date |  | Signature of Employee |  | Date |
|  |  |  |  |  |  |  |
| Title of Supervising Administrator |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| Signature of Reviewer |  | Date |  |  |  |  |
|  |  |  |  |  |  |  |
| Title of Reviewer |  |  |  |  |  |  |

SEIU/District Negotiations 2016/17 New 8.5.16