

Santa Rosa Junior College Classified Professional Evaluation Report

Probationary Evaluation

Name: _____	Classification: _____
Department: _____	Evaluation Period Covered: From: _____ To: _____
Employment Date: _____	Date of Last Review: _____
Evaluator: _____	Reviewer: _____

Type of Report: [] 3 month [] 5 month

Rating Scale for Performance Level

E. Exemplary :	<i>Significantly exceeds job expectations</i>
M. Meets:	<i>Meets the requirements of the job</i>
N. Needs Improvement:	<i>Somewhat below minimum job standards</i>
U. Unacceptable:	<i>Significantly below required job standards</i>

A. Performance Factors	Performance Level	Supporting Observations (Required for Ratings N & U, refer to Article 4.5.1)
1. JOB KNOWLEDGE – Understanding of all phases of his/her work and related matters. Knowledge applied with respect to total job.	<input type="checkbox"/> E <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> U	
2. QUALITY OF WORK – Thoroughness, neatness, accuracy, meeting expectations of new position.	<input type="checkbox"/> E <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> U	
3. DEPENDABILITY – Reliability in following through assignments and instructions.	<input type="checkbox"/> E <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> U	
4. COOPERATION – Ability and willingness to work with associates, supervisors, and others. Effectiveness in working with others.	<input type="checkbox"/> E <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> U	
5. PRODUCTIVITY – Demonstrated accomplishments, volume of work. Work output relative to schedules, expectations	<input type="checkbox"/> E <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> U	

A. Performance Factors**Performance Level****Supporting Observations
(Required for Ratings N & U, refer to Article 4.5.1)**

6. JUDGMENT – Adequacy of judgment applied as required by job responsibilities	<input type="checkbox"/> E <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> U	
7. INITIATIVE/ABILITY TO LEARN – Self-starting and acting on own. Amount of direction needed. Resourcefulness in work situation	<input type="checkbox"/> E <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> U	
8. ATTENDANCE – Punctuality and/or faithfulness in coming to work daily and conforming to work hours	<input type="checkbox"/> E <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> U	
9. IDEAA – Demonstrates knowledge and practice of IDEAA principles in day-to-day work duties. Work with colleagues, students, and college community of diverse backgrounds to be inclusive, anti-racist, equitable, and to the extent possible to provide accessible methodology to students and colleagues of diverse backgrounds.	<input type="checkbox"/> E <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> U	

B. RECOMMENDATION

- Continue Probationary Status * Permanent Status
 Terminate Employment

*Follow-up evaluation due in _____ months. (Refer to [SEIU Contract, Article 4](#) Evaluation and Personnel Files)

C. SUPPORTING OBSERVATIONS:

D. 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 with a copy to the Human Resources office 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).

Signature of Supervising Administrator

Date

Signature of Employee

Date

Title of Supervising Administrator

Signature of Reviewer

Date

Title of Reviewer

Distribution: Human Resources, Employee, Evaluator