

# Franklin County Schools

## Evaluation and Recommendations for Classified Personnel

Employee's Name

Title

School/Department

Social Security No.

Evaluator's Name

Title

**PERIOD COVERED**

Month/Day/Year ... through ... Month/Day/Year

Evaluation Date:

Type of Evaluation:     \*Annual     \*\*Interim     \*\*\*Conditional

\*Annual: Minimum of one evaluation per year. (June for twelve month; May for 10 month employee)

\*\*Interim: Evaluation following first three months for new employee; optional for employee transferring to a new position.

\*\*\*Conditional: Any employee who receives a rating of Developing on any of the 8 performance indicators will have a follow-up evaluation. This evaluation should be completed after the 20<sup>th</sup> working day and no later than the 60<sup>th</sup> working day following the previous evaluation.

**PURPOSE OF THIS EMPLOYEE EVALUATION:**

To offer employees feedback and help them understand their strengths and weaknesses; to provide a means for growth; to measure job performance.

**INSTRUCTIONS:**

1. Listed on the following pages are traits, abilities, and characteristics that are important for success. Check the block that best describes the trait, ability, or characteristics being rated.
2. The evaluator must justify in writing any rating of Distinguished, Accomplished, Proficient or Developing on the comment lines provided. If additional space is required, attach an additional sheet. The evaluator is encouraged to add pertinent comments for the ratings of Distinguished or Accomplished.
3. The evaluator and employee must discuss the results of the evaluation and any recommended actions. The employee is encouraged to respond in writing to the evaluation. Space is provided for the employee's comments.
4. All evaluations are to be signed by both the evaluator and the employee. A copy will be placed in the employee's personnel file, and a copy will be provided to the employee.
5. If the employee's performance is Developing, a follow-up (conditional) evaluation should be conducted after the 20<sup>th</sup> working day and no later than the 60<sup>th</sup> working day following that evaluation. The date of the conditional evaluation should be communicated to the employee.

	<b>Distinguished</b>	<b>Accomplished</b>	<b>Proficient</b>	<b>Developing</b>
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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>1. Quantity of Work:</b> Amount of work employee does in a work day.	Consistently exhibits high productivity; makes exceptional use of time and completes work ahead of schedule.	Often exhibits high levels of productivity; makes good use of time.	Does an acceptable amount of work; completes assignments.	Rarely does an acceptable amount of work.

Comments/Recommendations:

	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>2. Quality of Work:</b> Accuracy, completeness, and frequency of errors.	Shows an exemplary level of accuracy and thoroughness; rarely makes an error.	Exhibits high levels of accuracy and thoroughness; makes only an occasional error.	Is usually accurate and thorough; errors are only occasionally troublesome.	Makes recurrent errors; needs more attention to details.

Comments/Recommendations:

	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>3. Job Knowledge:</b> Information concerning duties which employee should know for satisfactory job performance.	Has mastered all aspects of work duties.	Demonstrates a high level of knowledge of work duties.	Has sufficient knowledge to perform work duties.	Rarely shows familiarity with work duties.

Comments/Recommendations:

	<b>Distinguished</b>	<b>Accomplished</b>	<b>Proficient</b>	<b>Developing</b>
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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>4. Dependability:</b> Ability to do required jobs well with minimum supervision.	Consistently meets commitment and deadlines. Needs no supervision on routine tasks.	Requires little supervision; is very reliable.	Completes tasks with reasonable promptness; is usually reliable.	Requires close supervision; is somewhat reliable.

	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>5. Initiative:</b> Independent effort to improve quality and quantity of work.	Highly motivated; consistently a self-starter; initiates improvement.	Plans work ahead and does it; acts voluntarily; seldom needs directions.	Will act voluntarily; occasionally needs encouragement, but is willing.	Has difficulty getting started; requires considerable encouragement.

Comments/Recommendations:

	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>6. Relationships with Others:</b> Degree to which employee gets along with others.	Exemplifies excellent human relations skills.	Frequently promotes positive interaction; works well with others.	Gets along with others.	Shows difficulty getting along with others.

Comments/Recommendations:

	Distinguished	Accomplished	Proficient	Developing
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>7. Job Attitude:</b> Enthusiasm and positive commitment to performing duties and responsibilities.	Exemplifies enthusiasm and positive commitment.	Takes pride in job; welcomes new ideas.	Strives to do job well; accepts new ideas.	Is reluctant to accept new ideas or suggestions; easily discouraged.

Comments/Recommendations:

8. Work Habits:	Acceptable (Comments)	Unacceptable (Must Explain)
A. Appropriately groomed for work requirements.	<input type="checkbox"/>	<input type="checkbox"/>
B. Maintains effective and functional work area...	<input type="checkbox"/>	<input type="checkbox"/>
C. Complies with work hours.....	<input type="checkbox"/>	<input type="checkbox"/>
D. Reports to work regularly.....	<input type="checkbox"/>	<input type="checkbox"/>
Comments/Recommendations:		

**Evaluator's Comments:**

By my signature, I verify that I have completed this evaluation in good faith and that it has been discussed with the employee. \_\_\_\_\_  
(Evaluator's signature) (Date signed)

**Employee's Comments:**

*This evaluation has been discussed with me. Signing this does not mean I necessarily agree with the evaluation. I acknowledge that I have received a copy of the evaluation and that a copy will be placed in my personnel file.*

\_\_\_\_\_  
 (Employee's signature) (Date signed)