SCHOOL DISTRICT OF CLAY COUNTY SUPPORT EMPLOYEE EVALUATION

Employee:	S.S.#:		Job Title:		_
School/Department:			School Year:		
Principal's or Director's Name/Title:			Cost Center:		
Statement: I understand that this instrument sh	all be used in evaluating my perf	formance in accordance	with the job descri	iption and School	Board Policy.
The evaluation policies and procedures are loc	ated in the CESPA Master Contra	act and Board Policy.			
Employee Signature:	Date: Evaluato	or's Signature/Title:			Date:
. , ,					
B = Below Standards A = Achieves Stand Supporting comments are required for any performance			tandarde "		
Supporting Comments are required for any performance	Statitual d'Haired Delow Statitual d'and	d encouraged for Exceeds 3	otaliualus.		
A. WORK HABITS / SAFETY				в а	E
Demonstrates use of time management & organ	nizational skills		A. 1		
Responds to requests & performs assignment d		manner	2		
3. Requires little or no supervision			3		
Maintains confidentiality			4		
5. Complies with School Board, School/Departm	ent policies and procedures		5		Ī
Maintains a clean, neat and organized work env			6		
 Operates equipment in a safe manner, including 		licable	7		
8. Demonstrates self-direction, self-motivation, and desire for self-improvement					
9. Demonstrates sound logic in problem solving					Ī
B. WORK ATTENDANCE				В А	E
1. Complies with Board approved work hours and a	attendance policies		B. 1		
2. Displays an awareness of impact on others when	absent		2		
C. RELATIONSHIP WITH OTHERS				ВА	_ E
1. Communicates effectively with others in a courte	eous and tactful manner		C. 1		
2. Displays willingness to assist others			2		
3. Interacts appropriately with supervisors, staff, st	tudents and the public		3		
D. QUALITY OF WORK / JOB KNOWLED				B A	E
Displays level of knowledge to accomplish job a			D. 1		_
2. Produces accurate work and maintains accurate			2		_
3. Accepts authority and supervision of work with professionalism 3					
4. Consistently performs quality work and job assig	nments in accordance with establish	hed guidelines & procedu	res 4		
E. APPEARANCE				B A	٦
 Dresses appropriately for position or wears and it 	naintains uniform as required		E. 1		1

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Copies: Original - Human Resources Copy 1 - Supervisor (Dist. Wide) Copy 2 - Supervisor (Local) Copy 3 - Employee



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EMPLOYEE: S.S.#: SCHOOL/DEPT:

CONFERENCES:		SCHOOL/DEPT:				
<u>Date</u>	Employee's Initials	Evaluator's Comments				
						
						
Profession	al Improvement Plan					
		(PIP) is attached for this employee: Yes No				
OVERALL I	RATING: (Check one)	Below Standards Achieves Standards				
Follow-up E	Evaluation Date (If need	ed) See below:				
Signatures	: The signature below i	ndicates an acknowledgment that the evaluation did take place as indicated.				
Evaluator's	Signature	Date: Principal's/Director's Initials:				
Employee: I	My signature does not r	necessarily imply agreement with the evaluation but does acknowledge that I have read it.				
I understand	d that I may submit a w	ritten reaction not later than one (1) week from the date of my signature and it shall be attached				
to this form.						
Employee's	s Signature	Date:				
		y of evaluation and PIP if applicable at final evaluation conference.				

EVALUATION	ON FOLLOW-UP: (This	s section used only when a follow-up evaluation has been scheduled and conducted.)				
Comments	:					
1						

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