

VAN BUREN SCHOOL DISTRICT

Evaluation Period
 From: _____
 To: _____

Report of Performance
PROBATIONARY
 Classified Employee

_____ 2nd Month
 _____ 5th Month

Name (Print) _____

	Not Satisfactory	Needs Improvement	Satisfactory	RATINGS Evaluator must Check Each Appropriate Factor in the Proper Column	Not Observed
				1. Observance of work Hours	
				2. Attendance	
				3. Safety	
				4. Public Contracts	
				5. Employee Contacts	
				6. Communication	
				7. Knowledge of Work	
				8. Work Judgments	
				9. Planning & Organizing	
				10. Job Skill Level	
				11. Quality of Work	
				12. Volume of Acceptable Work	
				13. Meeting Deadlines	
				14. Accepts Responsibility	
				15. Accepts Direction	
				16. Accepts Change	
				17. Effectiveness Under Stress	
				18. Appearance of Work Station	
				19. Operation/Care of Equipment	
				20. Initiative	
				21. Learning Ability	
				22. Grooming and Dress	
				SUMMARY EVALUATION OF OVERALL PERFORMANCE	

SECTION A: Record job STRENGTHS and superior performance incidents. _____

SECTION B: Record specific work performance DEFICIENCIES. _____

SECTION C: Record specific GOALS or IMPROVEMENT PROGRAMS to be under-taken during the next evaluation period.

SECTION D: Record PROGRESS ACHIEVED in attaining previously set goals for improved work performance for personal or job qualifications.

EVALUATOR: I certify this report represents my best judgment.

Supervisor's Signature Title Date

EMPLOYEE:

I certify that this report has been discussed with me. I understand my signature does not necessarily indicate agreement with the ratings and that I have the right to attach my comments to this report.

Comments Attached Yes No

Employee's Signature Date

Personnel Office Date

FORM DISTRIBUTION:

Original: Personnel Office

Yellow: Employee

Pink: School/Department File