

SOUTHWEST ALLEN COUNTY SCHOOLS
Classified Personnel Evaluation Form

Full Name _____ **Date** _____

Position/Assignment _____ **Building Location** _____

Check all items and evaluate each item using the following scale:

Satisfactory—Meets performance standards of the job, competent and dependable

Needs Improvement—Goals should be established to work on areas of concern

Not Applicable—No opportunity to observe or not applicable to position

Work Habits	Satisfactory	Needs Improvement	Not Applicable
Regular Attendance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Punctuality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to Complete Assigned Tasks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to Follow Directions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality of Work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quantity of Work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative/Self-Starter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Concern/Care for School Property	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Observes Safety Rules	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Ability to Work with Others	Satisfactory	Needs Improvement	Not Applicable
Students	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Co-workers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parents/Public	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teachers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Administrators	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Personal Qualities	Satisfactory	Needs Improvement	Not Applicable
Receptive to Suggestions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Works Willingly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Appropriate Attire for Assignment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Positive Demeanor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Supervisor's Comments: (Additional Sheet Attached, Yes/No)

Goals/Recommended Improvements: (Additional Sheet Attached, Yes/No)

Employee Signature _____ Date _____
 (Does not necessarily indicate agreement; employee may attach appropriate comments on separate sheet.)

Evaluator Signature _____ Date _____