

APPENDIX

B

EVALUATION INSTRUMENT 11-Month Secretary

Performance Responsibilities:

- ___1. Student financial obligations.
- ___2. Maintain detention and I.S.S. records.
- ___3. School insurance.
- ___4. Automobile registrations.
- ___5. Process students referred to school for disciplinary and academic reasons.
- ___6. Phone calls to parents of absent students-student attendance (daily, monthly, end of year).
- ___7. Work Permits
- ___8. Input data into computer network system.
- ___9. Process mailing of disciplinary referrals.
- ___10. Various end of year reports.
- ___11. File book rental receipts.
- ___12. Student registration, placement, and transfer.
- ___13. Maintain student records.
- ___14. Sickroom duties, first aid, telephone nurse and parent.
- ___15. Schedule activities in gym for evenings.
- ___16. Order and maintain supplies.
- ___17. Order book-textbook inventory.
- ___18. Employee absentee forms and records. Prepare substitute forms and advise as to duties.
- ___19. Handle mail.
- ___20. Maintain imprest fund account.
- ___21. Types and maintains confidential information with regard to employees, labor relations, disciplinary and evaluation matters
- ___22. Other duties as assigned.

Suggestion for Improvement:

Commendations:

Excellent= exceeds expectations, Satisfactory= meets expectations, Unsatisfactory= Does not meet expectations

Employee _____ Evaluator _____ Date _____

The employee shall be evaluated after the first three months of employment and there after annually as long as he/she is employed in District #12.

If an employee receives a below average or unsatisfactory rating in any category the evaluator must discuss these deficiencies with the employee and write up a report in this meeting. In about one month after the original evaluation was done, a new evaluation needs to be conducted. If the necessary improvements that were discussed in the original evaluation are not evident then a written notice will be sent to the employee stating that unless improvement is made, the superintendent will make a recommendation to the Board of Education for his/her immediate dismissal.

Evaluator _____
Position _____
Date _____

Employee _____
Position _____
Date _____

Comments or Recommendations:

WESTERN CUSD NO. 12 MAINTENANCE EVALUATION

Name: _____ **Regular Shift Hours:** _____
Position: _____ **Department/campus:** Maintenance
Evaluator: _____ **Title:** _____
Evaluation Period: _____

Rating Scale: Refer to Job Description for Specific Duties

E	Excellent	Performance is Above Standard
S	Satisfactory	Performance is At Standard
U	Unsatisfactory	Performance is Below Standard

Directions: Use the above description to rate each skill. Determine the overall job performance by reviewing all ratings.

General Skills	
1. Works cooperatively with others.	
2. Participates in meetings, training and special events.	
3. Follows oral and written instructions from supervisor.	
4. Follows district policies and procedures.	
5. Provides safety and security for self and others.	
6. Completes assignments on time and accurately.	
7. Follow attendance and punctuality rules.	
8. Demonstrates appropriate job knowledge.	
9. Maintains neat, clean and organized storage and work areas.	
10. Uses, maintains and sores work material properly.	
11. Identifies and responds to problems effectively.	
12. Communicates effectively.	
Specialized Skills	
1. Takes proper safety precautions with supplies and equipment.	
2. Follows schedule and completes maintenance and additional duties when assigned	
3. Maintains adequate inventory of supplies and materials.	
4. Provides effective training and supervision of assigned employees (if applicable).	
5. Takes initiative: Develops efficiency; takes charge when something must be done.	
Performance Goals.	
General Comments.	
Employee Comments.	
Overall Performance Rating.	
This evaluation has been discussed with me by my supervisor. I have read both sides and received a copy.	
Employee signature:	
Date:	
Evaluator Signature:	
Date:	

Superintendent/Reviewer Signature:

Date:

Performance Goals:

General Comments:

Employee Comments:

Overall Performance rating (check one)

Excellent

Satisfactory

Unsatisfactory

This evaluation has been discussed with me by my supervisor. I have read both sides and received.

Employee Signature

Date

Evaluator Signature

Date

Reviewer Signature

Date

WESTERN CUSD NO. 12 CUSTODIAL EVALUATION

Name: _____ **Regular Shift Hours:** _____
Position: _____ **Department/campus:** Custodial
Evaluator: _____ **Title:** _____
Evaluation Period: _____

Rating Scale: Refer to Job Description for Specific Duties

E	Excellent	Performance is Above Standard
S	Satisfactory	Performance is At Standard
U	Unsatisfactory	Performance is Below Standard

Directions: Use the above description to rate each skill. Determine the overall job performance by reviewing all ratings.

General Skills	
1. Works cooperatively with others.	
2. Participates in meetings, training and special events.	
3. Follows oral and written instructions from supervisor.	
4. Follows district policies and procedures.	
5. Provides safety and security for self and others.	
6. Completes assignments on time and accurately.	
7. Follow attendance and punctuality rules.	
8. Demonstrates appropriate job knowledge.	
9. Maintains neat, clean and organized custodial areas.	
10. Uses, maintains and sores work material properly.	
11. Identifies and responds to problems effectively.	
12. Communicates effectively.	
Specialized Skills	
1. Takes proper safety precautions with supplies and equipment.	
2. Follows schedule and completes cleaning and maintenance	
3. Maintains adequate inventory of supplies and materials.	
4. Provides effective training and supervision of assigned employees (if applicable).	
5. Takes initiative: Develops efficiency; takes charge when something must be done.	
Performance Goals.	
General Comments.	
Employee Comments.	
Overall Performance Rating.	
This evaluation has been discussed with me by my supervisor. I have read both sides and received a copy. Employee signature: Date: Evaluator Signature: Date: Superintendent/Reviewer Signature: Date:	

Performance Goals:

General Comments:

Employee Comments:

Overall Performance rating (check one)

____ Excellent

____ Satisfactory

____ Unsatisfactory

This evaluation has been discussed with my by my supervisor. I have read both sides and received.

Employee Signature Date

Evaluator Signature Date

Reviewer Signature Date

WESTERN CUSD NO. 12 PARAPROFESSIONAL EVALUATION

Name of Employee: _____ Position: _____

Date of Report: _____

E- Excellent	S-Satisfactory	U-Unsatisfactory	NA-Not Applicable
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Please circle the selected rating:

Quality of Work	E	S	U	NA
1. Works effectively with small groups or with individuals.				
2. Has the ability to convey teacher's instructions to students.				
3. Is able to communicate and relate effectively with age group served.				
4. Facilitates interest in the lessons.				
5. Communicates correctly both orally and in writing at the appropriate level.				
6. Is considerate and fair in dealing with students.				
7. Understands and uses the discipline procedure of the school in a fair and consistent manner.				
8. Is punctual in all activities.				
9. Maintains control of the students assigned.				
10. Has knowledge of emergency procedure for fire and natural disaster.				
11. Manages time well.				
12. Is accurate and neat in handling work.				
13. Helps maintain the organization of classroom teaching materials.				
14. Does not abuse the sick leave policy.				
15. Shows initiative in doing work assigned to aide role.				
16. Established and maintains good relationships with others.				

Other comments, suggestions, criticisms:

Based on overall rating, do you recommend this employee for continued employment?

(Signature of Evaluator) _____ Date: _____

(Signature of Employee) _____ Date: _____

This signature does not signify agreement, only that the employee has read and discussed this evaluation with the evaluator.

Performance Goals:

General Comments:

Employee Comments:

Overall performance rating (check one):

_____ Excellent

_____ Satisfactory

_____ Unsatisfactory

This evaluation has been discussed with me by my supervisor. I have read both sides and received.

Employee Signature Date

Evaluator Signature Date

Reviewer Signature Date

WESTERN CUSD NO.12 BUS DRIVER EVALUATION

NAME: _____ DATE: _____

This appraisal is intended to help improve the quality of the driver's proficiency within the District. Job performance and the achievements will serve as the basis of the evaluation. This may include input from the principals, parents, and students. Employees will be made aware of and given the opportunity to fully understand each assessment. Additionally, out-of-district resource people may conduct a periodic evaluation of basic driving skills.

S-Satisfactory M-Marginal U-Unsatisfactory

Maintains up-to-date route sheet. ()

Conducts complete walk around inspection with daily turn in of sheet. ()

Is punctual and dependable in attendance and pick-ups. ()

Loads and unloads students in a safe, orderly manner. ()

Demonstrates competent driving abilities. ()

Is able to work effectively with students and maintains proper discipline.
()

Is able to work effectively with staff, parents, and the public. ()

Maintains a clean bus. ()

Checks bus at the end of the route for students, lost items, and vandalism. ()

Maintains a professional attitude/personal appearance. ()

Adheres to school district and department policies/rules.()

GENERAL OVERALL APPRAISAL

_____ Evaluator-Observed Bus Route _____.

Employee's signature indicates only that he/she has seen this evaluation, not that he/she necessarily agrees with it.

(EMPLOYEE) (DATE) (EMPLOYER) (DATE)

MAINTENANCE AND IMPROVEMENT OF JOB COMPETENCIES

Each employee is to work to correct as quickly as possible every area of the evaluation needing improvement. Additionally, all drivers are encouraged to make efforts to grow professionally through available training, workshops, etc.

PROFESSIONAL GROWTH

(Includes workshops, additional training, and other efforts to improve job competencies and develop professionally along with the dates completed.)

Copies: Employee (original), Transportation Director,
Personnel