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| **Name:**  | **Evaluation Due Date:**  |
| **Class Title:**  | **Site:** |

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| **Probationary:** |  | 3rd month |  | 7th month |  | 11th month |

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| **Permanent:** |  | Annual |  | Unscheduled |

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| **Final Probationary** **Reports Only:** | The division Assistant Superintendent has reviewed this document. \_\_\_\_ Initials [Digital Signature Instructions](https://docs.google.com/document/d/1LFrVkrY2ipBzOPUXpN_LSBu2sgKDRlIy9xfJaqsUyMU/edit)

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|  | **I do** recommend this probationary employee be granted permanent status. |
|  | **I do not** recommend this probationary employee be granted permanent status. |

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| **Work Quality** (Factors to consider: Thoroughness, accuracy, works independently, knowledge level, finished work product is free of errors, identifies and corrects errors in own work, participates in training and development to improve work quality) |
|  |  Proficient |  |  Needs Improvement |  |  Unsatisfactory |

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| **Comments:**  |

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| **Work Quantity** (Factors to consider: Shows initiative, completes acceptable quantity of work, completes assignments within deadlines, works effectively in groups, schedules, informs, and communicates with others regarding work quantity) |
|  |  Proficient |  |  Needs Improvement |  |  Unsatisfactory |

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| **Comments:**  |

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| **Professionalism** (Factors to consider: Ability to get along with other employees/public/students/etc., ability to maintain professional confidentiality, responds appropriately to supervision, communicates with community/public/coworkers, dresses appropriately for the position/projects, maintains professional appearance) |
|  |  Proficient |  |  Needs Improvement |  |  Unsatisfactory |

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| **Comments:**  |

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| **Work Attitude:** (Factors to consider: Displays a positive attitude, cooperativeness, acceptance of suggestions, adjusts to changes and corrections, demonstrates flexibility) |
|  |  Proficient |  |  Needs Improvement |  |  Unsatisfactory |

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| **Comments:**  |

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| **Rule/Directive Adherence** (Factors to consider: Compliance with District and departmental rules/regulations/procedures, utilizes proper safety procedures, properly handles equipment and supplies) |
|  |  Proficient |  |  Needs Improvement |  |  Unsatisfactory |

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| **Comments:**  |

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| **Attendance:** (Factors to consider: Overall attendance, starting time/break/lunch punctuality, compliance with attendance policies) |
|  |  Proficient |  |  Needs Improvement |  |  Unsatisfactory |

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| **Comments:**  |

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| **Classification Specific Duties:** (Factors to consider: Required duties, duties specific to the job classification, specialized skills and/or training participation, expertise/knowledge in job duties, use of/care for classification specific tools and equipment, licensing or permits required) |
|  |  Proficient |  |  Needs Improvement |  |  Unsatisfactory |

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| **Comments:** |

[Digital Signature Instructions](https://docs.google.com/document/d/1LFrVkrY2ipBzOPUXpN_LSBu2sgKDRlIy9xfJaqsUyMU/edit)

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| --- | --- | --- | --- |
| **Employee’s Signature:** |  | **Date:** |  |
| **Administrator’s****Signature:** |  | **Date:** |  |

**Your signature is an acknowledgment this evaluation was discussed with you. It does not denote or imply approval or agreement. In the event of a disagreement with this evaluation, you may submit a written statement within 10 working days to accompany this evaluation in your personnel file.**

DISTRIBUTION: Original – Classified Personnel, 1 copy each to Employee and Department/Site

Rev. 03/2019