BEAUFORT COUNTY SCHOOLS
CLASSIFIED EMPLOYEE EVALUATION FORM

Use for Custodians, Secretaries, SIMS Operators, Bookkeepers, Maintenance, Garage and Child Nutrition Assistants

Employee: Job Title:

Evaluator: Date of Evaluation:

School/Department: Period Covered:

Performance Evaluation Code: **EE = Exceeds Expectations** **NI = Needs Improvement**
ME = Meets Expectations **UP = Unsatisfactory Performance**

EVALUATION ELEMENTS	EE	ME	NI	UP	NA
I. KNOWLEDGE OF JOB					
a. Knowledge of responsibilities and procedures					
b. Ability to organize and schedule work load					
II. JOB PERFORMANCE					
a. Ability to work without constant supervision					
b. Timely completion of assigned tasks					
c. Care of equipment and work materials					
d. Follows established rules and procedures					
e. Practices safety in carrying out responsibilities					
f. Produces acceptable completed work/service					
g. Works within the framework of the job description					
h. Performs other duties as assigned					
III. DEPENDABILITY					
a. Consistency of Performance					
b. Ability to work under pressure					
c. Attendance					
IV. WORKPLACE DEMEANOR					
a. Willingness to perform task					
b. Initiative					
c. Acceptance of constructive evaluation					
d. Ability to adapt to a changing work environment					
e. Tactfulness					
V. STAFF AND COMMUNITY RELATIONS					
a. Ability to work harmoniously with students, staff, and the public					
b. Establishes positive rapport in the workplace					
VI. TRAINING					
a. Participates in appropriate/necessary job training					
b. Uses appropriate/required training					
c. Seeks necessary training to be proficient in job					
d. Assumes responsibility for maintaining any required job certification					
VII. MANAGEMENT & SUPERVISION					
a. Establishes work schedule for supervised employee					
b. Facilitates completion of job assignments					
c. Appropriately delegates job responsibilities					
d. Provides appropriate training opportunities					
e. Recommends training and supervises implementation of learned skills					
f. Completes evaluation of supervised staff					

Evaluator's Summary Comments:
Employee's Reactions to Evaluation (Use attachment):

____ Recommended ____ Not Recommended for Employment for _____ - _____ school year.

_____ _____
Immediate Supervisor Signature/Date Employee's Signature/Date