

SUNNYVALE SCHOOL DISTRICT
CLASSIFIED EMPLOYEE EVALUATION

Return to Human Resource Services Office by _____

NAME _____

JOB TITLE _____ LOCATION _____

For Probationary Employee Only:

Third Month Evaluation Do you recommend continuing employment? Yes _____ No _____

Fifth Month Evaluation Do you recommend permanency? Yes _____ No _____

Permanent Employee Evaluation **Long Term Substitute**

Formal Evaluation

Definition of Terms

Probationary Employee:

Classified employee with less than seven (7) months service in the district.

Meets Requirements:

Performance meets standards.
Opportunities for growth exist.

Permanent Employee:

Has satisfactorily completed the probationary period.

Needs Improvement:

Performance does not meet standards.
Performance needs improvement to merit retention in this position.

Formal Evaluation:

May be initiated by the evaluator or at the request of the employee.
(see Article XXII of bargaining unit agreement)

Unsatisfactory:

Performance does not meet standards.
Serious weakness in work performance, efficiency or attitude. Lack of improvement may lead to dismissal.

Exceeds Requirements

Performance exceeds basic requirements

N.O. means – Not Observed

It is the responsibility of the Supervisor/Program Director to hold a conference with each employee and explain:

1. The purposes and uses of performance evaluation reports.
2. When necessary, make suggestions for changes or improvements.
3. If an unsatisfactory evaluation, a written plan for improvement must be attached.

DIRECTIONS

When “Exceeds Requirements”, “Needs Improvement” or “Unsatisfactory” is checked, the evaluator **must** write an explanation.

Suggestions for improvement must be included under "Commendation(s)/Recommendation(s)" if "Needs Improvement" or "Unsatisfactory" is checked. (Use additional page(s) if necessary.) Please see Page 1 for definition of terms. Place an X in the boxes which best describe the employee.

<u>PERFORMANCE AREAS</u>	<u>EXCEEDS REQUIREMENTS</u>	<u>MEETS REQUIREMENTS</u>	<u>NEEDS IMPROVEMENT</u>	<u>UNSATISFACTORY</u>	<u>COMMENDATIONS(S)/ RECOMMENDATION(S)</u>
<p>1. <u>Knowledge of required skills</u> Has mastery of skills that are necessary to perform services required of the position.</p>					
<p>2. <u>Acceptance & implementation of suggestions</u> Accepts constructive criticism from the immediate supervisor and takes steps to implement the suggestions for improvement or change.</p>					
<p>3. <u>Quality of work</u> Work performed is accurate, thorough, neat, and meets the expected standards of quality.</p>					
<p>4. <u>Amount of work performed</u> Completes assigned work on time.</p>					
<p>5. <u>Adjusts to work situation</u> Demonstrates flexibility in order to accommodate special needs.</p>					

<u>PERFORMANCE AREAS</u>	<u>EXCEEDS REQUIREMENTS</u>	<u>MEETS REQUIREMENTS</u>	<u>NEEDS IMPROVEMENT</u>	<u>UNSATISFACTORY</u>	<u>COMMENDATIONS(S)/ RECOMMENDATION(S)</u>
<p>6. <u>Work habits</u> Demonstrates ability to organize work, care for equipment, use safety considerations, work without close supervision, use initiative.</p>					
<p>7. <u>Initiative</u> Alert to opportunities to improve methods and skills.</p>					
<p>8. <u>Attitude & Cooperation</u> Gets along well with fellow employees, works harmoniously with others, shows enthusiasm for work.</p>					
<p>9. <u>Uses good judgment</u> Is capable of arriving at a logical decision appropriate to assignment.</p>					
<p>10. <u>Personal appearance</u> Demonstrates cleanliness, good grooming, and appropriate attire.</p>					
<p>11. <u>Punctuality</u> Adheres to arrival, rest periods and departure times.</p>					
<p>12. <u>Attendance</u> Demonstrates good observance of working hours with only minimal absences from work.</p>					

ADDITIONAL COMMENTS: (The Evaluator is encouraged to make written comments below.)

DATE: _____ EVALUATOR _____
(Signature)

I have reviewed this evaluation. (Principal/Dept. Head) _____ (Initialed)

EMPLOYEE COMMENTS: (The Employee is invited to make written comments below.)

DATE: _____ *EMPLOYEE _____
(Signature)

*This signature indicates that the employee has seen and discussed the evaluation report. It does not necessarily indicate complete agreement with all factors of the evaluation.

EVALUATOR PLEASE NOTE:

Please check here if three or more items on Page(s) 2 and/or 3 are rated "Needs Improvement" or "Unsatisfactory". A "Formal" evaluation must be completed within two (2) months.

Please check here if employee "Meets Requirements" or "Exceeds Requirements" in all performance areas and will therefore be placed on an "Informal" evaluation schedule.

Next evaluation will be:

- Formal
- Informal

Distribution of Copies:

- Human Resources
- Employee
- Evaluator
- Department Head

**CLASSIFIED EMPLOYEE PERSONAL ASSESSMENT AND
GUIDE FOR FORMAL AND INFORMAL EVALUATION DISCUSSION**

Return to Human Resource Services Office by _____

NAME _____

JOB TITLE _____ LOCATION _____

Instructions:

This form shall be issued to the employee prior to the scheduled evaluation meeting/conference. The employee should be prepared to discuss the following questions with the supervisor. The employee may, at his/her option prepare notes or written responses which he/she may choose to share with the supervisor or just use for personal reference.

Timelines for Evaluations

Cafeteria Classes: End of January
Fiscal, Clerical and Others: End of May
Maintenance and Trade Classes: End of July

Topics for Discussion and Assessment:

- Discussion of job performance.
- What contribution do you feel you made to your school site or dept. over the last year?
- What level of support was received by the employee?
- What level of support is needed by site/dept.?
- What service can be provided to help you be more successful on the job? (*i.e.: job training programs, computer classes, ideas for improved procedures.*)
- What are the goals for the school site or dept., and what is the plan of action for the Employee and Supervisor to meet these goals?
- What are your long term career goals at Sunnyvale School District? (*i.e.: sharpen skills, improve communications, promotion...*)

ADDITIONAL COMMENTS: (The Evaluator is encouraged to make written comments below.)

Date: _____ Evaluator _____

I have received this evaluation. (Principal/Dept. Head) _____

EMPLOYEE COMMENTS: (The Employee is invited to make written comments below.)

Date: _____ *Employee _____

*This signature indicates that the employee has seen and discussed the evaluation report. It does not necessarily indicate complete agreement with all factors of the evaluation.

Next evaluation will be:

- Formal
- Informal