

# Amherst County Public Schools

## CLASSIFIED EMPLOYEE EVALUATION FORM

Please type or print all information.

Employee Name: \_\_\_\_\_

School Year: \_\_\_\_\_

School/Department: \_\_\_\_\_

Position: \_\_\_\_\_

**INSTRUCTIONS:** Please complete the following information regarding the employee's performance.

**Exemplary:** Consistently demonstrates performance that goes beyond basic job expectations, and serves as a model for others.

**Proficient:** The expected level of performance. Meets all job expectations in an acceptable manner.

**Developing/Needs Improvement:** Demonstrating performance near or close to expectations, with performance area that require growth and development.

**Unacceptable:** Performance that does not meet job expectations and is not acceptable. If two or more indicated, a Performance Improvement Plan is required.

AREA	Check One ✓				Comments/ Documentation
	Exemplary	Proficient	Developing/ Needs Improvement	Unacceptable <small>*(Must include Documentation)</small>	
<b>JOB KNOWLEDGE:</b> Consider knowledge in all areas of his/her work.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>QUALITY OF WORK:</b> Consider ability to turn out work that meets quality standards and administrative expectations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>USE OF MATERIALS, EQUIPMENT &amp; WORKSPACE:</b> Efficient and professional use in all areas.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>RESPONSIBILITY/DEPENDABILITY:</b> Consistently carries out assigned duties and tasks in a competent manner.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>PROFESSIONAL JUDGEMENT:</b> Acting in accordance with professional standards, Board policy, and local procedures.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>COOPERATION/ATTITUDE:</b> Willingness to cooperate with supervisor, and carry out responsibilities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>INITIATIVE:</b> Ability to perform job responsibilities independently, identifying needs, and responding in a timely and professional way.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>COLLABORATION/TEAMWORK:</b> Capacity to work effectively in team situations alongside coworkers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>ATTENDANCE/PUNCTUALITY:</b> Consistently present for work, and punctual in arriving to and departing from work and lunch.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>USE OF WORK TIME:</b> Consistently and efficiently engaged in duties and tasks aligned with assigned job responsibilities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>INTERPERSONAL RELATIONS:</b> Consider relationships with students, staff, parents, and community representatives.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>CONFIDENTIALITY:</b> Strictly maintains confidentiality regarding all school matters.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**OTHER GENERAL COMMENTS ON OVERALL PERFORMANCE OF EMPLOYEE:** \_\_\_\_\_

**EMPLOYEE COMMENTS:** \_\_\_\_\_

\_\_\_\_\_  
\*Signature Of Employee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature Of Supervisor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature Of Principal (If Applicable)

\_\_\_\_\_  
Date

**\*NOTE:** Signature does not imply agreement but only that a copy of the evaluation has been received.

**ORIGINAL:** Human Resources

**COPY1:** Supervisor

**COPY2:** Employee

**COPY3:** Principal (If applicable)