

**Coldwater Exempted Village School District
Classified Employee Evaluation Form**

Name of Employee _____ **Title** _____

Date of Evaluation _____ **Evaluation Performed By** _____

CODE: Range of 1-10, with 1 being UNSATISFACTORY and 10 being EXCELLENT

EVALUATION ELEMENTS:

(Circle One)

a. **ATTITUDE** Consider willingness to perform duties; initiative; self-improvement efforts; acceptance of supervision; willingness to accept responsibility; maturity. 1 2 3 4 5 6 7 8 9 10

b. **KNOWLEDGE OF JOB** Consider knowledge of what to do and how to do it; ability to organize and schedule work load; knowledge of overall goal of department. 1 2 3 4 5 6 7 8 9 10

c. **WORK HABITS** Consider ability to work without constant supervision; industry; quantity of work; care of equipment; observation of rules and procedures; attendance and promptness; proper use of sick and personal leave; conduct on job. 1 2 3 4 5 6 7 8 9 10

d. **STAFF & COMMUNITY RELATIONS** Consider ability to work harmoniously with employees and students; use of tact; friendliness; impression on public. 1 2 3 4 5 6 7 8 9 10

e. **DEPENDABILITY** Consider consistency of performance; ability to work under pressure; reliability. 1 2 3 4 5 6 7 8 9 10

f. **QUALITY OF WORK** Work completed on time; completed work is acceptable to supervisor. 1 2 3 4 5 6 7 8 9 10

EVALUATOR'S COMMENTS AND/OR SUGGESTIONS FOR IMPROVEMENT:

Signature of Evaluator

Date

.....
Employee's Comments:

Signature of Employee

Date

Superintendent's Signature _____ *Date* _____