

**Shoreline School District
Classified Personnel Performance Evaluation Form**

Name: _____
 Last First Middle Initial

Period of Report: _____

Date: _____

 School or Department

 Job Title

Evaluation Type:
 Annual _____
 Probationary _____
 Other _____

Meets or Exceeds Expectations	Needs Improvement**	Unsatisfactory**
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COMMENTS

1. JOB KNOWLEDGE Displays necessary knowledge and skills				
2. HUMAN RELATIONS Is cooperative, considerate, and sensitive to others				
3. COMMUNICATION Understands and responds to verbal and written information; expresses self clearly				
4. ADAPTABILITY Is flexible; adapts to change				
5. DEPENDABILITY / JOB ATTITUDE Is reliable, conscientious, carries out instructions				
6. DECISIONMAKING JUDGEMENT / INITIATIVE Evaluates alternatives; makes wise decisions based on policies and procedures; self-motivated to initiate action.				
7. QUALITY OF WORK Reflects accuracy, neatness and thoroughness of work.				
8. QUANTITY OF WORK Amount of work satisfactorily completed; speed in completing assignments.				

	SATISFACTORY	** NON SATISFACTORY
ATTENDANCE/PUNCTUALITY		
PERSONAL APPEARANCE Cleanliness, grooming appropriate dress for job		

**Comment by evaluator is required.

Employee's Comments:

Prepared by: _____

Reviewed by: _____

Note: Employee comments must be recorded on the original copy and returned within 5 days from the time of evaluation discussion.

The signature below does not necessarily imply that the employee agrees with the preceding but only that he/she has seen and/or discussed it with the evaluator and/or supervisor.

Personnel Services: _____

Employee _____ Date _____
 Signature

Copies – Human Resources/Employee/Building or Department