

WARREN WOODS PUBLIC SCHOOLS

Employee Performance Assessment

Employee Name:_____		Date:_____
Building:_____		Position:_____
Status:_____	Conference Date:_____	
	Assessment Date:_____	
Job Description-reviewed and current	Hire Date:_____	
	Division Seniority:_____	

Purpose

The purpose of the assessment process is to discuss performance and improve communication between the employee and the administrator.

Timelines

New Employees- A new employee will be formally assessed during the first forty-five (45) days of employment in this position. A new employee will be formally assessed again within one (1) year following employment.

All Employees- All employees will be formally assessed at least once every three (3) years.

Process

The assessment process steps are:

1. Administrator with input from building administration shall assess employee.
2. A conference will be held between evaluator and employee to review the assessment and allow for employee input.
3. A final assessment is written by the administrator and given to the employee.
4. The employee may choose to write an attachment of clarification.
5. Final signed assessment will be placed in the employee's personnel file.

Assessment Levels

Use the following rate scale:

1	Exceeds Expectations
2	Meets Expectations
3	Needs Attention
NA	Does Not Apply

Name: _

Please Check One

- | | | | | |
|--|---|---|---|----|
| 1. Adaptability
(Ability to learn new duties and adjust to new situations) | 1 | 2 | 3 | NA |
| 2. Appearance
(Appropriate dress and grooming) | 1 | 2 | 3 | NA |
| 3. Attendance/Tardiness | 1 | 2 | 3 | NA |
| 4. Attitude
(Interest; enthusiasm toward work, fellow workers, and school) | 1 | 2 | 3 | NA |
| 5. Dependability
(Accountable for assigned jobs and results) | 1 | 2 | 3 | NA |
| 6. Initiative
(Performs tasks with minimal supervision) | 1 | 2 | 3 | NA |
| 7. Knowledge of Job
(Understanding of basic methods and procedures of job) | 1 | 2 | 3 | NA |
| 8. Quality of work
(How well the work is done) | 1 | 2 | 3 | NA |
| 9. Quantity of work
(Volume of acceptable work compared to what is expected) | 1 | 2 | 3 | NA |
| 10. Work habits/effective use of time
(Uses time wisely to perform daily tasks) | 1 | 2 | 3 | NA |

SUPERVISOR COMMENTS:

EMPLOYEE COMMENTS:

Name:

SUMMARY COMMENTS (optional)

Overall assessment rating for this employee's job effectiveness:

Exceeds Expectations

Meets Expectations

Needs Attention

Signature of Administrator_____ Date_____

(Conducting Review)

I Will attach a personal statement of clarification to this assessment.

I have reviews this assessment with my supervisor and have been given a copy.

The presence of the employee's signature indicates that the assessment form has been reviewed by the employee; it does not imply agreement with the assessment.

Signature of Employee_____ Date_____

Distribution of Assessment

Original-Personnel

Copies-Employee

Administrator