

WARREN WOODS PUBLIC SCHOOLS

Performance Assessment

Employee Name: _____ **Date:** _____

Building: _____ **Position:** _____

Please check all that apply:

- ☐ **Probationary**
- ☐ **Non-Probationary**
- ☐ **Job description - reviewed and current**

Conference Date: _____

Assessment Date: _____

Purpose

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

Timelines

New Employees - A new employee or a person in a new position will be formally assessed during the first thirty (30) days of employment in that position. A new employee or a person in a new position will be formally assessed again within one (1) year following employment or service within a new position.

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

Process

The assessment process steps are:

1. Employee self-assessment.
2. Administrator separately assesses employee.
3. A conference is held to compare the two assessments
4. A final assessment is written by the administrator and reviewed with the employee.
5. The employee may choose to write an attachment of clarification.
6. Final signed assessment will be placed in the employee's personnel file.

Assessment Levels

Use the following rating scale:

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

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

Please Check One

I. Quality of Work Measures the degree or grade of excellence and the standards by which one performs...

a. Job Knowledge	1	2	3	NA
b. Accuracy	1	2	3	NA
c. Neatness	1	2	3	NA
d. Works efficiently under pressure or emergency conditions	1	2	3	NA

Comments:

II. Technical Skills

a. Maintains office equipment	1	2	3	NA
b. Maintains files and records	1	2	3	NA
c. Maintains accurate financial records	1	2	3	NA
d. Demonstrates appropriate computer skills	1	2	3	NA
e. Adapts to changing technology	1	2	3	NA
f. Demonstrates creativity	1	2	3	NA
g. Demonstrates ongoing professional development	1	2	3	NA

Comments:

III. Work Habits and Attitudes Rates the work behavior and practices of employee on...

a. Dependability	1	2	3	NA
b. Punctuality	1	2	3	NA
c. Organization	1	2	3	NA
d. Initiative	1	2	3	NA
e. Works independently	1	2	3	NA
f. Responsive to constructive criticism	1	2	3	NA
g. Ability to prioritize tasks	1	2	3	NA

Comments:

NAME _____

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IV. Maintains Confidentiality with...

a. Administration	1	2	3	NA
b. Staff	1	2	3	NA
c. Students	1	2	3	NA
d. Records/Correspondence	1	2	3	NA

Comments:

V. Professional Qualities Examines professional traits and characteristics of individual...

a. Judgment	1	2	3	NA
b. Adaptability	1	2	3	NA
c. Attendance	1	2	3	NA
d. Appearance	1	2	3	NA
e. Trustworthiness	1	2	3	NA
f. Reflects the purpose and goals of the program/department and district	1	2	3	NA
g. Ability to handle telephone contacts	1	2	3	NA

Comments:

VI. Relationship with others Relates to and effectively works with...

a. Students	1	2	3	NA
b. Parents/Public	1	2	3	NA
c. Supervisor/Administration	1	2	3	NA
d. Employees	1	2	3	NA

Comments:

VII. Supervisory Skills (if applicable) Evaluates ability of employee to take charge and direct others...

a. Accepts responsibility willingly	1	2	3	NA
b. Leadership	1	2	3	NA
c. Fairness and impartiality	1	2	3	NA
d. Ability to make decisions	1	2	3	NA
e. Ability to train and instruct employees	1	2	3	NA
f. Ability to plan and assign work	1	2	3	NA

Comments:

Summary Comments: (Optional)

Overall assessment rating for this employee's job effectiveness:

☐ **1 Exceeds Expectations**☐ **2 Meets Expectations**☐ **3 Needs Attention**_____
Signature of Administrator Conducting the Assessment_____
Date☐ I will attach a personal statement of clarification to this assessment.☐ I have reviewed 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 signed Assessment:**

Original - Personnel Copies – Employee, Administrator