

**SANTEE SCHOOL DISTRICT
PERFORMANCE EVALUATION FOR PROBATIONARY CLASSIFIED EMPLOYEES**

Name of Employee _____ Period Covered by Evaluation _____ to _____

Position _____ School/Department _____

S = Satisfactory
U = Unsatisfactory
NA = Not Applicable

ADAPTABILITY:	S	U	NA	COMMENTS
Accepts change	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Adjustment to job	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Ease with which new duties are learned	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
RELATIONSHIP WITH PEOPLE:	S	U	NA	COMMENTS
Works well with: Employees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Students	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Public	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
ATTITUDE TOWARD WORK:	S	U	NA	COMMENTS
Interest in work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Complies with rules, regulations, and policies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Willingness and ability to accept and carry out responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Initiative / Resourcefulness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
QUALITY/QUANTITY OF WORK:	S	U	NA	COMMENTS
Meets time schedules for work assignments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Accuracy in work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Proper care of materials and equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Follow through/Thoroughness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Technical knowledge of job	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Demonstrates competency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Quantity of work - the amount of work completed and the speed with which it is completed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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PROFESSIONAL QUALITIES:	S	U	NA	COMMENTS
Appropriate attire	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Observance of work hours	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Regular attendance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
DEPENDABILITY:	S	U	NA	COMMENTS
Attends to duties in absence of supervision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Follows instructions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Good judgment; uses common sense	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SAFETY PERFORMANCE:	S	U	NA	COMMENTS
During past 3 years: Number of disabling work injuries _____ Number of work-related medical treatment injuries _____ Number of moving violations in a District vehicle _____ Number of motor vehicle accidents in a District vehicle _____ Number of work days lost due to above _____				
Cooperation in carrying out district safety policies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Work safety record	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Assistance Plan developed by: _____ Date _____	Recommendation for Continued Employment <input type="checkbox"/> Yes <input type="checkbox"/> No			

EVALUATOR'S COMMENTS:

Signature of Evaluator Date

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EMPLOYEE'S COMMENTS:

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This Performance Evaluation has been discussed with the employee
 _____ Yes _____ No If no, why? _____
 _____ I have read the above evaluation. _____
 _____ I agree with the evaluation.
 _____ I disagree with the evaluation (comments may be attached within 10 working days).
 _____ I would like to discuss this evaluation with the next level of administration.

Signature of Employee Conference Date Signature of Evaluator Conference Date

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As requested, I discussed evaluation with employee on _____.

I do/do not concur in the ratings given by the rater. I have/have not made changes in the evaluation.

Signature of next level of administration Conference Date