

HAYWOOD COUNTY SCHOOLS

**Classified Employee Evaluation Form**

**Employee** **Supervisor**

**Job Title** **School Year**  **School/Dept.**

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| Above Standard | At Standard | Below standard | Unsatisfactory |
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# WORKPLACE DEMEANOR

1. Is discreet in manners of department or school confidentiality
2. Works harmoniously with students, parents, co-workers, and public
3. Displays emotional maturity
4. Dresses neatly and appropriately
5. Demonstrates motivation and initiative
6. Accepts constructive evaluation
7. Adapts to changing work environment

# KNOWLEDGE OF JOB AND TRAINING

1. Participates in appropriate/necessary job training
2. Practices appropriate/required training
3. Voluntarily seeks necessary training to improve performance
4. Assumes responsibility for maintaining job certification
5. Follows HCS policies and procedures
6. Follows Dept/School policies and procedures

 **DEPENDABILITY**

1. Is regular and dependable in attendance
2. Refrains from unnecessary or excessive socializing
3. Demonstrates punctuality
4. Uses time wisely
5. Demonstrates consistency in performance
6. Works well under pressure
7. Completes assigned duties and tasks precisely and efficiently

**JOB PERFORMANCE**

1. Organizes and schedules work load
2. Completes work without constant supervision
3. Completes work in a timely manner
4. Practices safety in carrying out responsibilities
5. Produces acceptable work products
6. Performs other duties as assigned
7. Maintains accurate and adequate records
8. Is adept in the use of necessary equipment

Supervisor’s Comments

Areas for Improvement/Growth

[ ]  Recommend Continued Employment  school year [ ]  Not Recommended for Employment

Supervisor’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee’s Comments \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Employee Signature indicates awareness but not necessarily agreement with the evaluation)