

Copies to:

- Employee
- Immediate Supervisor
- Personnel Office

GREENE COUNTY SCHOOLS

Classified Staff Evaluation and Improvement Form A

Name: _____ Date: _____

Position: _____ School/Dept.: _____

*Please check the appropriate column for each criterion listed.
Ratings of unacceptable must be accompanied by documentary comment/s.

Unacceptable*
Acceptable

EVALUATIVE CRITERIA

	Unacceptable*	Acceptable
1. Quantity of Work – amount of acceptable work completed. Comments:		
2. Quality of Work – accuracy and acceptability of work completed. Comments:		
3. Knowledge and Skills – understands job assignment and possesses necessary skills to complete. Comments:		
4. Initiative/Dependability – ability and desire to complete work without constant supervision; strives to attain goals. Comments:		
5. Cooperativeness – works and gets along well with others. Comments:		
6. Attendance – comes to work daily and conforms to work schedule. Comments:		
7. Personal Appearance – neatness and cleanliness of person. Comments:		
8. Work Standards – ethical and mature behavior; appropriate conduct. Comments:		
9. Overall Evaluation – (average of evaluative criteria) Comments:		

Signature of Immediate Supervisor (Evaluator)

Date

Signature of Employee

Date

(Employee's signature does not indicate agreement – merely that the evaluation has been discussed and he/she is aware of its contents.)