

CLASSIFIED PERFORMANCE EVALUATION REPORT

Employee Name	School or Department	If Special Education Check
Position	Employee Status	Rating Period Ending

Section A					Section B	
A	B	C	D	General Performance Factors	Record Job Strengths and Superior Performance	
Unobserved	Below Requirements	Meets Requirements	Exceeds Requirements			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Knowledge of Work		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Job Skill Level		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Quality of Work		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. Volume of Acceptable Work		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. Work Habits		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. Work Judgments		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7. Initiative		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8. Interpersonal Contacts		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9. Compliance With Rules		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10. Effectiveness Under Stress		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11. Grooming & Dress		
				CHECKS IN COLUMN (B) MUST BE EXPLAINED IN SECTION E		
Section C			Section D		Section E	
Record Progress Achieved in Attaining Previously Set Goals for Improved Work Performance			Record Specific Goals and Improvement Programs to be Undertaken During Next Evaluation Period		Record Specific Work Performance Deficiencies or Job Behavior Requiring Improvement or Correction	

SUMMARY EVALUATION <input type="checkbox"/> BELOW REQUIREMENTS <input type="checkbox"/> MEETS REQUIREMENTS <input type="checkbox"/> EXCEEDS REQUIREMENTS FOR PROBATIONARY EMPLOYEES (Final Report)		
<input type="checkbox"/> I DO <input type="checkbox"/> DO NOT recommend permanent Status		
EVALUATOR:		
_____ (Signature)	_____ (Title)	_____ (Date)

EMPLOYEE: I certify that this report has been discussed with me. I understand my signature does not necessarily indicate agreement.	
Comments of Employee should be written on the back of this evaluation.\	
_____ (Employee Signature)	_____ (Date)