

Amador County Office of Education/Amador County Unified School
Classified Employee Evaluation

Employee Name: _____ Classification: _____

Location/Department _____ Date of Evaluation _____

Probationary: 60 working days 100 working days
 Permanent: Annual Next evaluation due _____

INSTRUCTIONS: Check each factor in the appropriate column that most nearly describes the employee's performance over the period covered by this evaluation. Performance factors: 1. Performance deficient and requires immediate improvement, 2. Improvement needed for performance to meet expected standards, 3. Performance meets expected standards, 4. Performance exceeded expected standards.

PERFORMANCE FACTORS	1	2	3	4	Comments required for each category. Attach additional sheets if necessary. Separate sheets attached: <input type="checkbox"/> Yes <input type="checkbox"/> No
1. QUALITY/QUANTITY OF WORK					
A. Timeliness/Efficiency					
B. Accuracy/Thoroughness					
C. Organizational Skills					
D. Knowledge of Work					
E. Productivity/Quantity of Work					
2. WORK HABITS					
A. Practices Safe Work Procedures					
B. Follows Policies and Procedures					
C. Uses Good Judgment					
D. Displays Initiative and Adaptability					
E. Cooperates with Fellow Workers/ Students/Public					
F. Maintains/Cares for Eqpt/Materials					
G. Dresses Appropriately for Position					
H. Accepts Direction					
I. Works Independently/Without Immediate Supervision					
3. PUNCTUALITY/ATTENDANCE					
A. Reports Absences with Sufficient Notice					
B. Reports to Work/From Breaks on Time					

OVERALL RATING: _____

Signature of Supervisor _____ Date _____

I understand my signature does not mean I agree with the conclusions of the evaluator. I can prepare a written response for my personnel file. The review process has been explained to me and I **do/do not** desire a review.

Signature of Employee _____ Date: _____