

Copies to:

- Employee
- Immediate Supervisor
- Personnel Office

GREENE COUNTY SCHOOLS

Classified Staff Evaluation - Management Evaluation and Improvement – Form B

Name: _____ Date: _____

Position: _____ Department.: _____

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

Unacceptable*

Acceptable

EVALUATIVE CRITERIA

1. Develops and accomplishes realistic annual objectives/plans effectively. Comments:		
2. Facilitates the solution of problems/conflicts. Comments:		
3. Attends to details in a dependable and conscientious manner. Comments:		
4. Works effectively and cooperatively with others. Comments:		
5. Makes timely, sound, and credible decisions. Comments:		
6. Understands and uses appropriate management procedures. Comments:		
7. Recognizes staff proficiencies and accomplishments/communicates expectations of performance. Comments:		
8. Interprets and applies policies accurately and consistently. Comments:		
9. Transmits information and requests expediently and accurately. Comments:		
10. Demonstrates qualities of leadership/commitment to the system. Comments:		
11. Completes records and reports accurately and punctually. Comments:		
12. Promotes personal and professional growth of self and subordinates. Comments:		
13. Supervises subordinates in an efficient and effective manner. Comments:		
14. Overall Evaluation (average of evaluation criteria). Comments:		

Signature of Immediate Evaluator/s

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.)