

APPENDIX B

**All permanent employees shall be evaluated annually
LA CAÑADA UNIFIED SCHOOLS
EVALUATION FOR CLASSIFIED EMPLOYEES**

- PERMANENT May 15th
- UNSCHEDULED REPORT
- PROBATIONARY
- 3rd Month Due Date _____
- 6th Month Due Date _____
- 11th Month Due Date _____
(prior to end of school year)

Last Name _____ **First Name** _____ **Initial** _____

Position: _____

Date (M/d/yyyy) _____

School Site _____

SECTION 1			FACTOR CHECKLIST
A	B	C	
MEETS STANDARDS	NEEDS IMPROVEMENT	UNSATISFACTORY	Immediate Supervisor Must Check Each Factor In The Appropriate Column
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Observance of Work Hours
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Attendance
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Grooming and Dress
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. Compliance with Rules
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. Safety Practices
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. Public Contacts
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7. Pupil Contacts
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8. Employee Contacts
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9. Knowledge of Work
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10. Work Judgments
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11. Planning and Organization
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12. Quality of Work
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	13. Productivity
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	14. Meeting Deadlines
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	15. Accepts Responsibility
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	16. Accepts Direction
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	17. Accepts Change
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	18. Effectiveness in Emergencies
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	19. Appearance of Work Station
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	20. Operation & Care of Equip.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	21. Initiative
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	22. Works Cooperatively with others.

Additional Factors (optional)			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	23. Scheduling & Coordinating
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	24. Training & Instruction
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	25. Judgments & Decisions
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	26. Leadership
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	27. Budget Accountability
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	28. Supervisory Ability*

* For supervisory positions

*** SECTION 2 RECORD JOB STRENGTHS & SUPERIOR PERFORMANCE**

SECTION 3 RECORD SPECIFIC WORK PERFORMANCE & JOB BEHAVIOR REQUIRED TO IMPROVE (EXPLAIN CHECKS IN COLUMN B & C) (REQUIRES ADDITIONAL EVALUATION WITHIN 4 MONTHS)

SECTION 4 RECORD PROGRESS ACHIEVED IN AREAS IDENTIFIED IN PREVIOUS EVALUATION.

SUMMARY EVALUATION – Check Overall Performance
 Satisfactory Needs Improvement Unsatisfactory

PROBATIONARY ONLY
 RECOMMENDATION BY SUPERVISOR: It is recommended that this employee:
 a. Retain in probationary status subject to a final rating
 b. Terminate

SIGNATURES:

(Signature of Principal/Supervisor)	Title	Date
(Signature of Employee)	Date	

This report has been discussed with me. Signing this form does not indicate my agreement with all ratings.

Signatures: Both the Supervisor and the employee shall date and sign the report. In case the employee refuses to sign the report, the Supervisor shall request a witness to sign as evidence that the conference has been held. A copy of this document will be placed in the employee's personnel file. Within 10 days, the employee may respond in writing and that response will be included in their file.

Distribution – Original to Human Resources: **First Copy** for Employee; **Second Copy** for School Site