

APPENDIX D
DURANGO SCHOOL DISTRICT 9-R SUPPORT STAFF
PERFORMANCE OBSERVATION FORM

Name: _____ Date of Observation: _____
School/Site: _____ Position: _____
Evaluator: _____

<p>Data sources used in this observation (Check all that apply):</p> <p><input type="checkbox"/> Employee's Job Description</p> <p><input type="checkbox"/> Written and/or verbal expectations of other duties as assigned</p> <p><input type="checkbox"/> Established policy or administrative rules/procedures that can be related to employee's performance</p> <p><input type="checkbox"/> Direct observations by supervisors with primary or shared responsibility</p> <p><input type="checkbox"/> Indirect observations that can be documented by supervisor</p> <p><input type="checkbox"/> Information from past observations/evaluations</p> <p><input type="checkbox"/> Other _____</p>
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Comments for Performance Areas observed:

Safety _____

Communication _____

Professional _____

Conduct _____

Teamwork _____

Leadership _____

Quality of Work _____

Employee's strengths: _____

Areas needing improvement: _____

Goals: _____

I have read this form and understand it will be part of my permanent employee record. Further, I understand my signature verifies that I have read the above information and have met with my evaluator to discuss this observation. It does not indicate whether I agree or disagree. Employee may attach comments concerning the observation.

Employee Signature: _____

Date: _____

Evaluator Signature: _____

Date: _____