

# BROOKHAVEN SCHOOL DISTRICT CLASSIFIED EMPLOYEE'S EVALUATION REPORT

**Employee's Name** \_\_\_\_\_  
Last
First
Middle Initial
Last Four Digits of Social Security

**Department/School** \_\_\_\_\_ **Job Title** \_\_\_\_\_

**Reason for Evaluation:**                       Semi- Annual (By December 15)                       Semi- Annual (By April 1)

**Report Based on Work Reviewed:**                       Daily                       Several Times a Week                       Weekly

PERFORMANCE ASSESSMENT

	<b>Not Applicable</b>	<b>Unsatisfactory</b>	<b>Improvement Needed</b>	<b>Satisfactory</b>	<b>Good</b>	<b>Excellent</b>
<b>PERFORMANCE FACTORS:</b>						
<b>1. QUALITY OF WORK</b> ..... Consider: Job knowledge, neatness, accuracy and excellence of work produced.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>2. QUANTITY OF WORK</b> ..... Consider: Volume of satisfactory output and work produced.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>3. WORK HABITS AND ATTITUDE</b> ..... Consider: Dependability, punctuality, loyalty, performance under pressure, job interest and disposition toward job and time on task. Days absent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>4. RELATIONSHIPS/COOPERATION</b> ..... Consider: Works effectively with various physical, emotional, academic, and social situations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>5. LEADERSHIP ABILITY</b> ..... Consider: Leadership, planning, organization, decision making, and consistency.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>6. INITIATIVE</b> ..... Consider: Amount of supervision required and the ability to initiate own action and adaptability.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>7. PROFESSIONAL DEVELOPMENT</b> ..... Consider: Employee's total growth during rating period.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>8. CARE OF EQUIPMENT</b> ..... Consider: Use and treatment of equipment and facilities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>9. JOB ACCOMPLISHMENT</b> ..... Consider: Careful, thorough, works quickly, checks work and finishes assigned work satisfactory.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>10. PERSONAL APPEARANCE</b> ..... Consider: Neatness and grooming if appropriate to the job classification.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>OVERALL RATING</b> .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**SUPERVISOR'S COMMENTS** \_\_\_\_\_  
 \_\_\_\_\_

**EMPLOYEE'S COMMENTS** \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
Employee's Signature
Supervisor's Signature
Date

Signature does not indicate agreement or disagreement but that this evaluation has been discussed with employee.