

North Kitsap School District
EVALUATION

___ Annual

Name_____

___ Special

Classification_____

___ Probationary Status; New Employee

Period from_____to_____

Rate on a scale of 1-10 with 10 being above and beyond expectations.
Rates of 3 and below require a note. Notes are optional for higher scores.

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Quantity of Work Consider the quantity of work turned out and the promptness with which it is completed.

1-----2-----3-----4-----5-----6-----7-----8-----9-----10

notes:_____

Quality of Work Consider the ability to produce work that meets company standards, neatness.

1-----2-----3-----4-----5-----6-----7-----8-----9-----10

notes:_____

Knowledge of Job Consider basic knowledge of present job and of the equipment necessary to do it.

1-----2-----3-----4-----5-----6-----7-----8-----9-----10

notes:_____

Initiative Consider amount of supervision required.

1-----2-----3-----4-----5-----6-----7-----8-----9-----10

notes:_____

Working Relations Consider willingness to work with others, accept constructive criticism and attitude.

1-----2-----3-----4-----5-----6-----7-----8-----9-----10

notes:_____

Attendance

Consider punctuality.

1-----2-----3-----4-----5-----6-----7-----8-----9-----10

Consider attendance.

1-----2-----3-----4-----5-----6-----7-----8-----9-----10

Courtesy (advance notice; leaving work early without giving advance notice)

1-----2-----3-----4-----5-----6-----7-----8-----9-----10

notes:_____

Safety Consider knowledge of and adherence to safety policies and procedures.

1-----2-----3-----4-----5-----6-----7-----8-----9-----10

notes:_____

Professionalism Courtesy to students and staff members. (example: noise levels)

1-----2-----3-----4-----5-----6-----7-----8-----9-----10

notes: _____

Time Management Consider planning for job with proper tools and parts. (Wasted time)

1-----2-----3-----4-----5-----6-----7-----8-----9-----10

notes: _____

Care of Equipment Consider proper use and maintenance of equipment.

1-----2-----3-----4-----5-----6-----7-----8-----9-----10

notes: _____

Comments or suggestions by supervisor _____

Overall Evaluation

Outstanding

Constantly Exceeds
Expectations

Satisfactory

Meets Needs
Criteria Improvement

Unsatisfactory

Does not Meet
Criteria

Date

Signature of person making work appraisal

Comments by employee _____

I certify that this report has been discussed with me and I have received a copy. I understand my signature does not, necessarily, indicate agreement.

Date

Employee Signature