



PGUSD PERFORMANCE EVALUATION REPORT

Classified Personnel

Employee Name
Classification
If unscheduled report check here <input type="checkbox"/>

Location
Employee Status
Due Date

Section A				
a	b	c	d	e
NOT SATISFACTORY	REQUIRES IMPROVEMENT	EFFECTIVE - MEETS REQUIREMENTS	EXCEEDS REQUIREMENTS	DOES NOT APPLY
FACTOR CHECK LIST Immediate Supervisor Must Check Each Factor in the Appropriate Column				
QUALITY OF WORK				
				1. Knowledge of Work
				2. Problem Solving
				3. Planning and Organizing
				4. Job Skill Level
WORK ATTITUDE				
				5. Initiative
				6. Goal Oriented
				7. Motivation
				8. Self Reliance
				9. Resourceful
				10. Accepts Responsibility
				11. Accepts Direction
				12. Accepts Change
				13. Effectiveness Under Stress
ATTITUDE TOWARD OTHERS				
				14. Public Contacts
				15. Pupil Contacts
				16. Employee Contacts
Checks in Column (a or b) must be explained in Section F				

Section B				
a	b	c	d	e
NOT SATISFACTORY	REQUIRES IMPROVEMENT	EFFECTIVE - MEETS REQUIREMENTS	EXCEEDS REQUIREMENTS	DOES NOT APPLY
FACTOR CHECK LIST Immediate Supervisor Must Check Each Factor in the Appropriate Column				
DEPENDABILITY				
				17. Observance of Work Hours
				18. Attendance
				19. Meeting Deadlines
				20. Completes Assigned Tasks
				21. Works Independently
OTHER				
				22. Compliance with Rules
				23. Safety Practices
				24. Appearance of Work Station
				25. Operation/Care of Equipment
FACTORS FOR LEAD EMPLOYEES				
				26. Planning & Organizing
				27. Scheduling & Coordinating
				28. Training & Instructing
				29. Productivity
				30. Evaluating Subordinates
				31. Judgments & Decisions
				32. Leadership
				33. Operational Economy
				34. Supervisory Control
Checks in Column (a or b) must be explained in Section F				

Revised: 1/10/06

Instructions for use of the Performance Evaluation Report Form:

In compliance with the CSEA contract, the following guidelines should be followed:

1. Markings and comments shall be typed or written in ink. ALL SIGNATURES shall be in ink.
2. If space for comments is inadequate, similarly dated and signed attachments may be made (either typewritten or in ink).
3. Due dates shall be observed per the contract, and are particularly important for final probationary reports.
4. Probationary Employees shall be evaluated by their immediate supervisor at least twice during the nine month probationary period. Promotional Probationary Employees shall be evaluated by their immediate supervisor at least twice during the six month probationary period.
5. Permanent Employees shall be evaluated by their immediate supervisor at least once every two years, and within three months of the employees anniversary date.
6. Special Evaluations may be requested by the employee one time within the two year evaluation period. A supervisor may issue a special evaluation at any time.
7. All performance evaluation reports in an employee's personnel file are subject to review by the principal or manager whenever an employee is requesting promotion or transfer.

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Section C	Record job STRENGTHS & superior performance.		
Section D	Record PROGRESS ACHIEVED in attaining previously set goals for improved work performance.		
List previously set goals here:			
Section E	Record specific GOALS or improvement programs to be undertaken during the next evaluation period.		
Section F	Record specific AREAS FOR GROWTH or job behavior requiring improvement or correction. (Explain checks in column a or b)		
Section G	Record summary of employee's OVERALL JOB PERFORMANCE .		
Summary Evaluation – Check Overall Performance			
<input type="checkbox"/> Not Satisfactory (Can only be marked following a “requires improvement” summary evaluation) (Re-evaluate in 30 days)	<input type="checkbox"/> Requires Improvement (Re-evaluate in 30 days) (Not eligible for promotion/transfer)	<input type="checkbox"/> Effective – Meets Requirements (Eligible for promotion/transfer)	<input type="checkbox"/> Exceeds Requirements (Eligible for promotion/transfer)
PROBATIONARY EMPLOYEE: <input type="checkbox"/> I DO <input type="checkbox"/> I DO NOT recommend this employee to be granted permanent status.			
Evaluator's Signature:			Date:
Evaluator's Signature:			Date:
Employee: I certify that this report has been discussed with me. I understand my signature does not necessarily indicate agreement. A statement <input type="checkbox"/> is <input type="checkbox"/> is not appended hereto.			
Employee's Signature			Date: