

PERFORMANCE EVALUATION REPORT

Classified Personnel - except
supervisory and paraprofessional
San Diego City Schools

Use ink or
typewriter for
final markings.

Reference:
Procedure No. 4530

EMPLOYEE NAME	SOCIAL SECURITY NO.	COST CENTER NAME	COST CTR. NO.
POSITION TITLE	EMPLOYEE STATUS	IF UNSCHEDULED REPORT CHECK HERE <input type="checkbox"/>	DUE DATE:

SECTION A	Unsatisfactory	Requires Improvement	Meets Standards	Exceeds Standards	Immediate supervisor must check each category in appropriate column.	<p>SECTION B "Exceeds Standards" in any category should be described in detail and supported with documentation. "Unsatisfactory" or "Requires Improvement" in any category must be supported with documentation.</p> <p>ATTACHMENTS ADDED YES <input type="checkbox"/> NO <input type="checkbox"/></p>
FACTOR CHECK LIST						
					1 Observance of Work Hours: Dependable and punctual attendance.	
					2 Productivity/Quality of Work: Completes an acceptable level of quality work.	
					3 Job Skill Level: Demonstrates required skills	
					4 Communication Skills: Communicates well orally and in writing; effectively carries out verbal and written instructions.	
					5 Working Relationships: Works with and relates to others effectively.	
					6 Adaptability/Flexibility: Accepts change; works effectively under stress; responds to varying needs.	
					7 Observance of Safety/Health Standards: Demonstrates knowledge of district safety/health/sanitary procedures.	

SECTION C
Employee was counseled on noted deficiencies: _____ (Dates) _____

SUMMARY EVALUATION: (Check One)

Unsatisfactory Requires Improvement Meets Standards Exceeds Standards

SECTION D
Goals and Objectives:

RATER:	REVIEWER:
_____	_____
Signature _____ Date _____	Signature _____ Date _____

My supervisor has discussed this report with me and given me a copy of this evaluation report. I understand my signature does not necessarily indicate agreement.

Comments:

Attachments Added: Yes No

Signature _____ Date _____

Performance Evaluation Report
Section B - Attachment
Date

Employee Name

Type text here.

My supervisor has discussed this report with me and given me a copy of this evaluation report. I understand my signature does not necessarily indicate agreement.

Employee Signature

Date

Rater Signature

Date

Reviewer Signature

Date