



**Conejo Valley Unified School District
Classified Personnel Department
Performance Evaluation Report**

| | | | |
|---------------|---------------|---|----------|
| Employee Name | | Location | |
| Class Title | Probationary: | <input type="checkbox"/> Annual <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Unscheduled | Due Date |

| SECTION A – Factor Check List | | | | | SECTION B – JOB STRENGTHS & superior performance incidents. | | | | | |
|---|---|---|---|---|--|---|---|---|---|--|
| <p>Check each factor in appropriate column. a=Not Satisfactory c=Meets Standards b=Needs Improvement d=Exceeds Standards e=Does not apply</p> <p><i>Checks in columns a & b must be explained in SECTIONS D & E</i></p> | | | | | | | | | | |
| a | b | c | d | e | | | | | | |
| | | | | | | SECTION C – Record PROGRESS ACHIEVED in attaining previously set goals for improved work performance. | | | | |
| | | | | | | SECTION D – Record GOALS & IMPROVEMENT ASSISTANCE PROGRAMS to be undertaken. | | | | |
| | | | | | | SECTION E – Record specific work performance DEFICIENCIES or job behavior requiring improvement or correction. | | | | |
| | | | | | | SUMMARY EVALUATION – Check Overall Performance | | | | |
| | | | | | | Not <input type="checkbox"/> Satisfactory | Needs <input type="checkbox"/> Improvement | Meets <input type="checkbox"/> Standards | Exceeds <input type="checkbox"/> Standards | |
| | | | | | | RATER: I certify this report represents my best judgment. (final probationary reports only) I <input type="checkbox"/> DO <input type="checkbox"/> DO NOT recommend this employee for permanent status. | | | | |
| For Employees Who Supervise Others | | | | | | | | | | |
| | | | | | | Rater Signature _____ Title _____ Date _____ | | | | |
| | | | | | | REVIEWER: (If none, so indicate) Comment: | | | | |
| | | | | | | Review Signature _____ Title _____ Date _____ | | | | |
| | | | | | | EMPLOYEE: I certify that this report has been discussed with me and that my signature does not necessarily indicate agreement. Comment: | | | | |
| | | | | | | Employee Signature _____ Date _____ | | | | |

1. Observance of Work Hours
2. Attendance
3. Grooming & Dress
4. Compliance with Rules
5. Safety Practices
6. Public Contacts
7. Pupil Contacts
8. Employee Contacts
9. Knowledge of Work
10. Work Judgments
11. Planning & Organizing
12. Job Skill Level
13. Quality of Work
14. Volume of Acceptable Work
15. Meeting Deadlines
16. Accepts Responsibility
17. Accepts Direction
18. Accepts Change
19. Effectiveness Under Stress
20. Appearance of Work Station
21. Operation & Care of Equip.
22. Work Coordination
23. Initiative
- 24.
- 25.
- 26.
- 27.
- 28.
- 29.

30. Planning & Organizing
31. Scheduling & Coordinating
32. Training & Instructing
33. Productivity
34. Evaluating Subordinates
35. Judgments & Decisions
36. Leadership
37. Operational Economy
38. Supervisory Ability
- 39.
- 40.
- 41.