**Nordonia Hills City Schools**

**Classified Employee Evaluation Form**

Employee Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Classification/Job Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Evaluator Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Evaluation Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Evaluation Type: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Initial \_\_\_\_\_\_\_\_ Final \_\_\_\_\_\_\_\_ Tenured

**Probationary:** An initial probationary evaluation and conference shall be completed 30 working days after hire date. A final probationary evaluation shall be completed prior to the end of the 90-day probationary period.

**Tenured:**  A formal evaluation conference shall be held between April 1 – May 31 to discuss all tenured staff.

A growth plan shall be completed whenever an employee receives a Needs Improvement (N) or Unsatisfactory (U) rating. See section 12-02 for the procedures to be followed in completing this form.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  | O | S | N | U |
| **Attendance** |  |  |  |  |  |
| **Quality of Work** | Accuracy, thoroughness, neatness |  |  |  |  |
| **Quantity of Work** | Amount of work accomplished |  |  |  |  |
| **Supervision Required Reliability** | Judgment, ability to organize and work on own, leadership traits, and ability to follow directions |  |  |  |  |
| **Knowledge of Job** | Methods, materials, and equipment |  |  |  |  |
| **Community and Staff Relations** | Courteous to public, polite to individuals, projects a positive personal appearance |  |  |  |  |
| **Work Habits** | Dependability, initiative, organization of work, care of equipment, concern and safety |  |  |  |  |

 **KEY O=Outstanding S=Satisfactory N=Needs Improvement U=Unsatisfactory**

Any Outstanding (O) rating shall be supported by specific comments. Evaluator Comments and any “O” rating:

Narrative Attached

The employee’s signature indicates only that she/he has seen this evaluation and does not necessarily indicate that she/he agrees with this evaluation.

Employee Comments:

Employee Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Evaluator Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_