

**(SCHOOL DISTRICT/INTERMEDIATE SCHOOL DISTRICT)
MAINTENANCE & OPERATIONS PERFORMANCE EVALUATION**

EMPLOYEE: _____

EVALUATION PERIOD: _____ to _____

POSITION: _____

DATE OF EVALUATION: _____

WORK SITE: _____

EVALUATOR: _____

PERFORMANCE RATING KEY

- 1 = Poor/Needs Immediate Improvement
- 2 = Fair/Needs Some Improvement
- 3 = Average/Works at an Acceptable Level

- 4 = Commendable/Performance Frequently Above Average
- 5 = Not Applicable

A. JOB KNOWLEDGE AND SKILLS

PERFORMANCE CHECKLIST

	1	2	3	4	5
1. Demonstrates skills necessary for the position.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Demonstrates ability to work effectively and safely.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Demonstrates ability to communicate (written and oral) effectively with others.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Maintains building security.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Able to assess complex information/situations and present it to others in an understandable manner.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Follows district/department/building rules, regulations, policies and standards.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

COMMENTS: _____

B. QUANTITY AND QUALITY OF WORK

PERFORMANCE CHECKLIST

	1	2	3	4	5
1. Prioritizes time in order to produce an acceptable quantity of work.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Provides quality and accuracy in work.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

COMMENTS: _____

C. ATTITUDE TOWARD WORK/HUMAN RELATIONS

PERFORMANCE CHECKLIST

	1	2	3	4	5
1. Positive when offering and receiving corrective feedback.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Keeps work area clean and organized.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Demonstrates a positive work relationship with all staff and the public.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Demonstrates flexibility with job assignments.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Demonstrates acceptance of unavoidable tension and pressure.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Is punctual and attendance at work is regular.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Accepts and follows direction from supervisor.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Provides consistency in prioritizing customer needs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Maintains appropriate appearance and personal hygiene.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

COMMENTS: _____

D. INITIATIVE

PERFORMANCE CHECKLIST

- | | 1 | 2 | 3 | 4 | 5 |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1. Demonstrates initiative on the job. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Develops workable solutions to most problems on his/her own. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Keeps supervisor informed of job progress. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Seeks to improve methods and techniques. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Places priority on accomplishing tasks. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

COMMENTS: _____

E. CARE OF EQUIPMENT/SAFETY

PERFORMANCE CHECKLIST

- | | 1 | 2 | 3 | 4 | 5 |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1. Handles equipment with care. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Takes necessary safety precautions when handling materials. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Uses equipment the way it is intended to be used. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Sets a good example by practicing safe work habits. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Looks for areas/items that require attention and responds by either correcting the situation or providing written notice to supervisor. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Is aware of and utilizes "Right to Know" materials. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

COMMENTS: _____

F. PERIODIC INSPECTIONS

PERFORMANCE CHECKLIST

- | | 1 | 2 | 3 | 4 | 5 |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1. Overall rating of periodic inspections conducted during this evaluation period. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

COMMENTS: _____

SUPERVISOR COMMENTS/SUGGESTIONS: _____

EMPLOYEE COMMENTS: _____

SUPERVISOR'S SIGNATURE: _____ **DATE:** _____

EMPLOYEE'S SIGNATURE: _____ **DATE:** _____

NOTE: Employee's signature does not necessarily constitute agreement with the contents of this evaluation.