**CUSTODIAN/MAINTENANCE EVALUATION PROCEDURES**

When completing the Custodian/Maintenance Evaluation Form, the following procedures will be followed:

Probationary Employees

1. During the first week of employment, the supervisor will meet with the employee and explain the expectations of the job.
2. The initial evaluation will be completed by the end of the first thirty (30) days worked.
3. The supervisor/evaluator will discuss the initial probationary evaluation and make recommendations/commendations in the appropriate areas.
4. The second evaluation will be completed prior to (60) days worked.
5. New employees have a ninety- (90) day probationary period and recommendation of termination must be received by the Superintendent’s Office forty-eight (48) hours prior to the ninety (90) days.

Non-Probationary Employees:

1. By October 1st of the current year, the maintenance director will notify each employee to be evaluated of the expectations for the year.
2. A mid-year evaluation may be made by the supervisor.
3. All evaluations will be completed by June 1, for maintenance and custodial employees evaluated during the current year. Each employee will be evaluated every (3) three years.
4. Evaluations will be signed by the evaluator and the employee.
5. Evaluators may use informational sheets (i.e. checklists) to assist in completing the evaluation form.
6. All evaluations will be forwarded, after signing, to the Administration Center for filing. Employees who have unsatisfactory evaluations will be brought to the attention of the Superintendent.
7. Employees may attach comments to the evaluation form to be placed in his/her file.

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **EVALUATION** | **S** | **NI** | **US** | **NA** |
| **WORK PERFORMANCE** |  |  |  |  |
| Work attitude - exhibits positiveattitude toward assignments |  |  |  |  |
| Accepts necessary changes in a cooperative manner |  |  |  |  |
| Punctual – reports to work on time, puts in a full day of work and is at work regularly |  |  |  |  |
| Takes pride in work and is easily motivated |  |  |  |  |
| Willingly participates in training and special meetings |  |  |  |  |
| Performs daily cleaning in a timely, thorough and efficient manner |  |  |  |  |
| **PROFESSIONALISM** |  |  |  |  |
| Public image – presents a pleasant business-like image to the public |  |  |  |  |
| Personal appearance is appropriate for assignment |  |  |  |  |
| Cooperation and helpfulness - cooperates with fellow workers |  |  |  |  |
| Self-control and poise – is able to react appropriately under stressful conditions |  |  |  |  |
| Loyalty and reliability - speaks well of district, refrains from gossip, etc. |  |  |  |  |
| **COMMUNICATION** |  |  |  |  |
| Works cooperatively with teachers, administrators, and parents |  |  |  |  |
| Reports promptly and accurately any maintenance service needed |  |  |  |  |
| Follows the direction of building principal for special events |  |  |  |  |
| **SAFETY** |  |  |  |  |
| Sets a good example by practicing safe work habits |  |  |  |  |
| Looks for areas or items that require attention and responds by either correcting the situation or providing written notice  |  |  |  |  |
| Demonstrates common sense regarding safety issues |  |  |  |  |
| **MAINTENANCE** |  |  |  |  |
| Ability to perform basic maintenance |  |  |  |  |
| Maintain district equipment |  |  |  |  |
| Demonstrates knowledge in electrical, plumbing, and HVAC |  |  |  |  |

Key: S: Satisfactory

 NI: Needs Improvement

 US: Unsatisfactory

 NA: Not Applicable

OVERALL JOB PERFORMANCE:

❒ SATISFACTORY ❒ NEEDS IMPROVEMENT – Employee agrees to follow a plan of assistance.

❒ UNSATISFACTORY

SPECIFIC COMMENTS:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SIGNATURE OF SUPERVISOR\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMPLOYEE COMMENTS:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I HAVE RECEIVED THE PRECEEDING EVALUATION AND HAVE MET WITH MY SUPERVISOR.

SIGNATURE OF EMPLOYEE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_