**FOOD SERVICE DEPARTMENT EMPLOYEE EVALUATION**

**EMPLOYEE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SCHOOL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_**

The purpose of this instrument is to provide the employee with a clear concept of his/her performance on the job as observed. It is also meant to serve as a tool for the interaction of ideas, the maintenance of open communication and the discussion of recommendations.

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| **CATEGORIES** | **EXCELLENT**  **ABOVE AVERAGE** | **SATISFACTORY** | **NEEDS IMPROVEMENT**  **UNSATISFACTORY** |
| **EMPLOYMENT PERFORMANCE** |  |  |  |
| Prepares food according to approved recipes, policies and procedures and is served in an attractive manner |  |  |  |
| Keeps inventory at reasonable levels with little or no food waste |  |  |  |
| Portions food properly and conscientious of food costs |  |  |  |
| Demonstrates ability to complete job assignments in a timely manner |  |  |  |
| Follows safety and sanitation procedures |  |  |  |
| Works under pressure and emergency situations |  |  |  |
| Demonstrates knowledge, skill and proper care of equipment, refrigerators, carts, etc. |  |  |  |
| Attends all department specified training and meetings |  |  |  |
| Maintains good rapport with children/teachers/administrators, etc. |  |  |  |
| Ability to complete paperwork accurately and on time (i.e. cash register, production records, orders) |  |  |  |
| Uses good body mechanics, carts, tools, etc. to avoid accidents |  |  |  |
| **PERSONAL CHARACTERISTICS** |  |  |  |
| Uses good judgment and common sense |  |  |  |
| Displays positive attitude |  |  |  |
| Displays initiative |  |  |  |
| Team player, willing to help co-workers when needed |  |  |  |
| Accepts constructive criticism |  |  |  |
| Performs well in emergencies |  |  |  |
| Is punctual |  |  |  |
| Assists others when time permits |  |  |  |
| Always in proper uniform |  |  |  |
| Has good work attendance record |  |  |  |

Goals for Next Year:

General Comments:

Employee’s Comments:

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

SUPERVISOR’S SIGNATURE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee’s signature indicates review of this instrument with the evaluator, but does not necessarily mean agreement with the evaluation. The employee may choose to attach a statement to this evaluation stating the employee’s point of view in regards to the completed evaluation.