**EVALUATION - Non-Instructional Staff**

NAME POSITION

Key: 1. Excellent Each section shall be completed by using the rating key

2. Good and/or comment line. The line is provided under each

3. Acceptable criterion for **constructive** comments. Additional comments

4. Needs Improvement may be attached to this form.

**COMMUNICATION ABILITY:** Listening, speaking, writing, is discrete. Maintains confidentiality. Processes information effectively. Telephone skills.

**ATTITUDE**: Is constructive, professional, supportive, courteous and positive. Works well with other staff.

**INITIATIVE:** Interested in work. Willing to make decisions and work independently. Maintains good attendance.

**KNOWLEDGE:** Understands and does job requirements efficiently.

**ORGANIZATIONAL ABILITY:** Plans and performs work systematically. Makes efficient use of time, equipment, supplies and services of others. Meets deadlines.

**QUALITY OF WORK:** Produces work that meets requirements of accuracy, effectiveness and thoroughness.

**RESOURCEFULNESS:** Has constructive ideas. Shows imagination in meeting situations. Originates effective solutions to problems.

**PROFESSIONAL GROWTH:** Asks questions. Follows through promptly. Interested in self-development.

**STABILITY:** Usually withstands pressure. Remains calm in stressful situations and accepts constructive criticism.

**EFFECTIVENESS:** Effective with parents/public. Relates well with students/peers. Relates well with constituent district personnel.

**APPEARANCE:** Appropriate grooming and attire.

**GOALS/AREAS FOR GROWTH:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Employee Signature Date

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Supervisor Signature Date

cc: Personnel File

Supervisor

Employee