

**Education Support Personnel**Exhibit – Classified Assessment Form

NAME _____	JOB TITLE _____	DATE _____
_____		
YEARS IN PRESENT JOB _____	YEARS WITH DISTRICT _____	
_____		
SUPERVISOR: Please place an "X" in the appropriate box and as necessary, briefly give your opinion of the employee's performance in the following areas: 1 - Excellent 2 - Satisfactory 3 - Unsatisfactory		
	1	2 3
1. ATTENDANCE AND PUNCTUALITY (Regularity of attendance and punctuality in following assigned schedule or work hours.)		
<u>COMMENTS:</u>		
2. QUALITY OF WORK (Thoroughness, neatness, accuracy, etc.)		
<u>COMMENTS:</u>		
3. QUANTITY OF WORK (Volume of acceptable work, amounts of exceptional or poor work, etc.)		
<u>COMMENTS:</u>		
4. KNOWLEDGE OF THE WORK (Understanding of the various phases, knowledge of the necessary technical fundamentals, etc.)		
<u>COMMENTS:</u>		
5. RESPONSIBILITY (Willingness and ability to take instructions and follow through with a minimum of supervision.)		
<u>COMMENTS:</u>		
6. ATTITUDE (Interest in work, willingness to meet job requirements loyalty to the organization, ethical conduct.)		
<u>COMMENTS:</u>		
7. RELATIONSHIPS WITH PEOPLE (Ability to get along with the public and other employees.)		
<u>COMMENTS:</u>		
8. PERSONAL HYGIENE (Cleanliness in work area, personal appearance, and attire.)		
<u>COMMENTS:</u>		
9. OVERALL EVALUATION		

10. COMMENTS OF SUPERVISOR

11. COMMENTS OF EMPLOYEE

The information on this form has been reviewed with me, but the signing of this report does not constitute agreement.

Employee's Signature \_\_\_\_\_

Supervisor's Signature \_\_\_\_\_

Adopted: 12/15/87

Revised: 4/12/88, 11/14/89, 2/27/96

Reviewed: 9/10/91, 10/12/93, 5/12/98, 1/11/2000, 1/14/03, 1/8/08