Secretarial/Clerical Staff

Performance Evaluation Form

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name of Employee:** | | | | | **Position:** | | | |
| **Hire Date:** | | | | | **Supervisor:** | | | |
| **Evaluation Period:** | | | | | | | | |
| **#** | **Category** | **Outstanding** | **Good** | | | **Acceptable** | **Needs Improvement** | **Comments** |
| **1** | Productivity |  |  | | |  |  |  |
| **2** | Ability to meet deadlines |  |  | | |  |  |  |
| **3** | Accepts responsibility |  |  | | |  |  |  |
| **4** | Prevents or copes with problems as they arise |  |  | | |  |  |  |
| **5** | Strong organizational skills |  |  | | |  |  |  |
| **6** | Shows innovation and creativity in addition to routine job assignments |  |  | | |  |  |  |
| **7** | Shows initiative |  |  | | |  |  |  |
| **8** | Ability to work without supervision |  |  | | |  |  |  |
| **9** | Demonstrates punctuality |  |  | | |  |  |  |
| **10** | Practices regular attendance |  |  | | |  |  |  |
| **11** | Is dependable |  |  | | |  |  |  |
| **12** | Accepts constructive criticism |  |  | | |  |  |  |
| **13** | Familiar with rules, regulations, guidelines/policies, etc. |  |  | | |  |  |  |
| **14** | Ability to relate with other people |  |  | | |  |  |  |
| **15** | Ability to communicate ideas clearly |  |  | | |  |  |  |
| **16** | Ability to complete a task as assigned |  |  | | |  |  |  |
| **17** | Effort to acquire and utilize new or additional skills |  |  | | |  |  |  |
| **18** | Effective time management skills |  |  | | |  |  |  |
| **#** | **Category** | **Outstanding** | **Good** | | | **Acceptable** | **Needs Improvement** | **Comments** |
| **19** | Positive ,enthusiastic/optimistic approach towards organizational objectives |  |  | | |  |  |  |
| **All things considered, how do you rate this employee in relation to job performance and value to the school system?** | | | | | | | | |
|  | | | | | | | | |
| **Major area(s) requiring performance improvement:** | | | | | | | | |
| **Action plan for improvement:** | | | | | | | | |
| **Completion Date:** | | | | | | | | |
| **Supervisor Comments:** | | | | | | | | |
| **Employee Comments:** | | | | | | | | |
| **The required conference was held on:** | | | | | | | | |
| **Employee’s Signature:** | | | | **Date:** | | | | |
| **Supervisor’s Signature:** | | | | **Date:** | | | | |
| **Human Resource’s Director Signature:** | | | | **Date:** | | | | |
| **Note:**  **The employee’s signature does not signify agreement with this evaluation, but only that it has been reviewed and discussed with the employee. The employee may make any comments desired in the employee comments section. Additional sheets, if necessary, may be attached and made an official part of the review. All comments must be attached to the review prior to the document being passed to the next level of management for review.** | | | | | | | | |