Imperial Valley Regional Occupational Program

EMPLOYEE PERFORMANCE EVALUATION (CLASSIFIED)

Employee Name: _____ **Date of Hire:** _____

Employee Job Title: _____ **Project:** _____

Period Covered: From: _____ **To:** _____

Exemplary – Performance is consistently exceptional, outstanding or extraordinary in meeting performance criteria.

Exceeds Standards – Performance is consistently above average in meeting performance criteria demonstrated by going beyond the established standards and practices.

Meets Standards – Performance is consistently adequate in meeting performance criteria.

Needs Improvement – Performance is not consistently acceptable in meeting performance criteria.

				1. QUANTITY OF WORK
☐	☐	☐	☐	a. Amount of work completed
☐	☐	☐	☐	b. Timely completion of tasks
				2. QUALITY OF WORK
☐	☐	☐	☐	a. Accuracy
☐	☐	☐	☐	b. Neatness
☐	☐	☐	☐	c. Thoroughness
☐	☐	☐	☐	d. Oral expression
☐	☐	☐	☐	e. Written expression
☐	☐	☐	☐	f. Computation
☐	☐	☐	☐	g. Spelling
☐	☐	☐	☐	h. Knowledgeable
				3. WORK HABITS
☐	☐	☐	☐	a. Observance of work hours
☐	☐	☐	☐	b. Attendance
☐	☐	☐	☐	c. Observance of rules/regulations
☐	☐	☐	☐	d. Compliance with work instructions
☐	☐	☐	☐	e. Orderliness of work
☐	☐	☐	☐	f. Application of duties
				4. PERSONAL QUALITIES
☐	☐	☐	☐	a. Relationship with peers
☐	☐	☐	☐	b. Meeting and handling the public
☐	☐	☐	☐	c. Personal appearance
				5. ADAPTABILITY
☐	☐	☐	☐	a. Performance in new situations
☐	☐	☐	☐	b. Job Understanding
☐	☐	☐	☐	c. Rapport with students / participants
				6. INITIATIVE
☐	☐	☐	☐	a. Ability to see what needs to be done
☐	☐	☐	☐	b. Ability to accept and carry out responsibility
☐	☐	☐	☐	c. Suggests new ideas, procedures & techniques

COMMENTS AND GOALS

OVER-ALL PERFORMANCE (check one)

Exemplary	Exceeds	Meets	Needs Improvement
☐	☐	☐	☐

The "Comments and Goals" section should include facts, examples or specific incidents which illustrate significant aspects of the employee's performance.

I have reviewed report with employee:	Report has been reviewed with me:	
_____	_____	_____
Supervisor Signature Date	Employee Signature* Date	Superintendent Signature Date
	☐ Agree ☐ Disagree	

* The employee's signature does not imply concurrence with the evaluation and/or its rating. The employee has the right to include a written statement as an attachment to the evaluation not later than five (5) days following the review date.

Rev: 9/2006