

Amherst County Public Schools

CLASSIFIED EMPLOYEE EVALUATION FORM

Please type or print all information.

Employee Name: _____ School Year: _____
 School/Department: _____ Position: _____

INSTRUCTIONS: Please complete the following information regarding the employee's performance.

AREA	Check One ✓				Comments/Documentation
	SATISFACTORY	NEEDS IMPROVEMENT	UNSATISFACTORY (Documentation Required)		
JOB KNOWLEDGE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
QUALITY OF WORK	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
USE OF MATERIALS, EQUIPMENT & WORKSPACE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
RESPONSIBILITY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
DEPENDABILITY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
COOPERATION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
SCHOOL/COMMUNITY RELATIONS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
PUNCTUALITY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
ATTENDANCE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
USE OF WORK TIME	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
WORKING RELATIONSHIPS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
MAINTAINS CONFIDENTIALITY ON SCHOOL MATTERS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

OTHER GENERAL COMMENTS ON OVERALL PERFORMANCE OF EMPLOYEE: _____

EMPLOYEE COMMENTS: _____

*Signature Of Employee

Date

Signature Of Supervisor

Date

Signature Of Principal (If Applicable)

Date

***NOTE:** Signature does not imply agreement but only that a copy of the evaluation has been received.

ORIGINAL: Human Resources

COPY1: Supervisor

COPY2: Employee

COPY3: Principal (If applicable)