## TEHAMA COUNTY DEPARTMENT OF EDUCATION Office Technical Unit & Confidential Employee & Classified Management Performance Evaluation Report

Employee Name:		Position:	Date of I	Evaluation:	_
Years in this position:	Years at	: TCDE:	Supervisor:		
Employee Status:	Permanent 🗖	Temporary 🗖	Probationary 🗖	<ul><li>2 months</li><li>5 months</li></ul>	
Others contributing t	o this report:				

QUALITY OF WORK: Indicates the overall degree of excellence of the work for the entire period being rated.

	<b>Unsatisfactory</b>	Needs Improvement	<b>Satisfactory</b>	Above Average	Excellent
Accuracy					
Neatness					
Thoroughness					
Efficiency/Timeliness/Volume Wo	rk 🗖				
STRONGEST ASSETS/CONCERN	IS:				

**KNOWLEDGE OF WORK**: Indicates how completely the employee possesses information pertinent to the performance of the work.

	<u>Unsatisfactory</u>	Needs Improvement	<b>Satisfactory</b>	Above Average	Excellent
Knowledge of rules & procedures					
Planning & organizing abilities					
Training & instruction					
STRONGEST ASSETS/CONCERN	S:				

WORK ATTITUDE & HABITS: Indicates the employee's level of dependability, conscientiousness, and responsibility.

	<b>Unsatisfactory</b>	Needs Improvement	<b>Satisfactory</b>	Above Average	<b>Excellent</b>
Addresses growth goals					
Attitude toward job					
Flexibility					
Attendance					
Punctuality					
Follows directions					
Initiative					
Judgment					
Safety consciousness					
STRONGEST ASSETS/CONCERNS:					

ATTITUDE TOWARDS OTHERS: Indicates how pleasantly this employee works with others.

<u>N</u>	A Unsatisfactory	Needs Improvement	<b>Satisfactory</b>	Above Average	<b>Excellent</b>
Pupil contacts					
Employee contacts					
Public contacts					
Demonstrates team effort STRONGEST ASSETS/CON	NCERNS:				

## **EVALUATION SUMMARY**

Please check the statement below that best describes the employee, considering all of the qualities you have rated on the first page of this evaluation form and any other qualities the employee may possess that affect the employee's general value to the organization.

An exceptional employee; one of the best in this type and class of work I have ever known
Stands out clearly as superior to the general group of employees doing work of the same general type and class
A satisfactory employee; well fitted to this work
A satisfactory employee
A satisfactory employee who, although not demonstrating average performance at this time, may be capable of such with added experience, proper guidance, and/or diligent effort
Serious weakness in work efficiency or attitude, or both, make it doubtful whether this employee will be satisfactory in this work
I believe this employee to be definitely unsuited to this work, and probably unsuited to any work in the division in which now employed

## FOR PROBATIONARY EMPLOYEES ONLY:

Do you feel that this employee should be recommended for permanent status?	Yes	
	No	

N/A at this time  $\Box$ 

Record progress achieved in attaining previously set goals for improved work performance:

Record specific goals to be undertaken during the next evaluation period:

## GENERAL COMMENTS BY SUPERVISOR(S) SHOULD BE MADE ON AN ATTACHED SHEET.

Supervisor's Name:	Supervisor's Signature:
(Please print o	
Title:	Date:
This evaluation will be placed in the on a separate sheet to be attached	E EMPLOYEE'S PERSONNEL FILE. THE EMPLOYEE HAS THE RIGHT TO RESPOND TO THIS EVALUATION.
Employee's Signature:	Date:
This signature indicates that the employ indicate complete agreement with all fa	vee has seen and discussed the evaluation report. It does not necessarily actors of the evaluation.

I request an appointment to discuss this evaluation report at the next administrative level.