Hermosa Beach City School District
CLASSIFIED PERSONNEL PERFORMANCE EVALUATION

NAME _____ DATE _____

POSITION _____
(Assignment/School)

STATUS: Perm. ☐ Probationary: 3 months ☐ 6 months ☐ Temp. ☐

1. MEETS ALL STANDARDS OF EXPECTATION SATISFACTORILY OR BETTER
2. NEEDS TO STRENGTHEN THIS AREA
3. PERFORMANCE IN THIS AREA IS UNSATISFACTORY/NOT MEETING DISTRICT STANDARDS

I. QUALITY AND QUANTITY OF WORK	**1**	**2**	**3**
A. Produces neat and presentable work			
B. Completes an acceptable amount of work on time			
C. Performs work with acceptable accuracy			

II. PERFORMANCE OF TASKS	**1**	**2**	**3**
A. Performs duties and responsibilities as assigned			
B. Shows initiative and resourcefulness in performance of tasks			
C. Demonstrates the ability to work without immediate supervision			
D. Complies with instructions, rules and regulations, Board Policies, Education and Government Code when applicable			
E. Demonstrates care in use of equipment			

III. PERSONAL QUALITIES	**1**	**2**	**3**
A. Accepts direction from supervisor.			
B. Is willing to accept suggestions for work improvement			
C. Endeavors to improve work technique			
D. Accepts new ideas, techniques and is adaptable to change			
E. Accepts responsibility willingly and cheerfully			
F. Is dependable and maintains satisfactory punctuality and attendance			
G. Maintains an appropriate appearance in the school environment			

IV. PROFESSIONAL RELATIONSHIPS	**1**	**2**	**3**
A. Interacts with students in a positive and appropriate manner			
B. Maintains effective pupil control as appropriate to the position			
C. Works cooperatively with aides, teachers, volunteers and other employees			
D. Maintains consistency with district and teacher goals and objectives			
E. Maintains professional confidentiality			

V. OVERALL RATING	**1**	**2**	**3**

EVALUATOR'S COMMENTS (use reverse side or attach a separate sheet if necessary):

Do you recommend that this employee be retained? Circle one: YES NO

I have been given a copy of this report and have discussed it with the evaluator. I understand that this evaluation will be placed in my personnel file. I also understand that I may submit a written statement within ten (10) days which will be attached to this evaluation.

Employee's Signature _____ Date _____

Evaluator's Signature _____ Date _____

PLEASE COMPLETE AND RETURN TO DISTRICT OFFICE.

Distribution: 1) Employee, 2) Evaluator, 3) Personnel

7/94