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| EmployeeSchool/Department Conference Date | WETZEL COUNTY SCHOOLS Service Personnel Evaluation |  |

Aide Mechanic

Bus Operator Secretary

Cook Sign Language Specialist

Custodian Substitute

Maintenance Other

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| I. WORK HABITS *Rate Each Item* |  Satisfactory |  Needs Improvement |  Unsatisfactory |  N/A |
| 1. Performs duties as assigned by supervisor
 |   |   |   |   |   |
| 1. Works with/without close supervision
 |   |   |   |   |   |
| 1. Takes initiative in performing needed tasks
 |   |   |   |   |   |
| 1. Handles emergency & unexpected situations
 |  |   |   |   |   |
| 1. Is punctual
 |   |   |   |   |   |
| 1. Maintains good attendance
 |   |   |   |   |   |
| 1. Is cooperative and reasonable
 |   |   |   |   |   |
| 1. Observes required safety practices
 |   |   |   |   |   |
| 1. Maintains cleanliness of personal work area
 |   |   |   |   |   |
| 1. Completes work on time
 |   |   |   |   |   |
| 1. Complies with rules, policies, regulations
 |   |   |   |   |   |
| 1. Appropriate personal appearance
 |   |   |   |   |   |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

*Commendations*

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| --- |
| *Recommendations* |

Copies go to Employee Evaluator

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| ***Service Personnel Evaluation - Page 2 of 2*** |   |   |   |   |
| **II. PERFORMANCE** |
| 1. Plans and organizes work assignments as required
 |   |   |   |   |
| 1. Produces quality work
 |   |   |   |   |
| 1. Follows instructions
 |   |   |   |   |
| 1. Follows applicable laws and policies
 |   |   |   |   |
| 1. Makes decisions in the best interests of students
 |  |  |  |  |
| 1. Maintains a positive attitude
 |   |   |   |   |
| 1. Accepts responsibility for his/her work including errors
 |   |   |   |   |
| 1. Operates and/or maintains equipment in a careful manner
 |   |   |   |   |
| 1. Productivity/efficiency under stress
 |  |  |  |  |
| 1. Maintains student discipline (bus operator or supervisory aide)
 |   |   |   |   |
| 1. Uses good judgment in performing work duties
 |  |  |  |  |
| 1. Works cooperatively with: Co-Workers
 |   |   |   |   |
| Parents/Public |   |   |   |   |
| *(Applicable if working in a school building or operating a bus)* Students |   |   |   |   |
| Administration /Supervisors |   |   |   |   |
| *Commendations* |
| *Recommendations* |
| **III. PROFESSIONAL DEVELOPMENT** |   |   |   |   |
| 1. Attends required service employee job training
 |   |   |   |   |
| 1. Knowledge of job responsibilities
 |   |   |   |   |
| *Commendations* |
| *Recommendations* |

Employee's Signature Date

|  |
| --- |
| Employee Comments |

Evaluator’s Signature Date

***The employee's signature above indicates that the employee has read the evaluation it may or may not indicate agreement on the
items evaluated. Any employee who wishes to attach an addendum to this evaluation may do so.***

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