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| --- | --- | --- |
| Employee Name:  School/Department:  Observation Conference Requested? : | WETZEL COUNTY SCHOOLS  Service Personnel Observation Form |  |

□ Aide/ECCAT/AM □ 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 well with/without close supervision |  |  |  |  |  |
| 1. Takes initiative in performing needed tasks |  |  |  |  |  |
| 1. Handles emergency & unexpected situations well |  |  |  |  |  |
| 1. Is punctual |  |  |  |  |  |
| 1. Maintains good attendance |  |  |  |  |  |
| 1. Is cooperative and reasonable |  |  |  |  |  |
| 1. Observes required safety practices |  |  |  |  |  |
| 1. Maintains cleanliness of personal work area or vehicle |  |  |  |  |  |
| 1. Completes work on time |  |  |  |  |  |
| 1. Complies with rules, policies, regulations |  |  |  |  |  |
| 1. Appropriate personal appearance |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

Dates Evaluator Observed Employee & Related Notes (add additional pages as needed)

Dates of Verified Incidents not directly observed by Evaluator & Related Notes (add additional pages as needed)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ***Service Personnel Observation - Page 2 of 2*** | Satisfactory | Needs Improvement | Unsatisfactory | N/A |
| **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 best interest 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) |  |  |  |  |
| K. 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 |  |  |  |  |
| Dates Evaluator Observed Employee & Related Notes (add additional pages as needed) | | | | |
| Dates of Verified Incidents not directly observed by Evaluator & Related Notes (add additional pages as needed) | | | | |
| **III. PROFESSIONAL DEVELOPMENT** | Satisfactory | Needs Improvement | Unsatisfactory | N/A |
| Attends required service employee job training |  |  |  |  |
| Knowledge of job responsibilities |  |  |  |  |
| Dates Evaluator Observed Employee & Related Notes (add additional pages as needed) | | | | |
| Dates of Verified Incidents not directly observed by Evaluator & Related Notes (add additional pages as needed) | | | | |

Employee's Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_

Supervisor'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.***