

**CROSSETT SCHOOL DISTRICT  
CLASSIFIED EMPLOYEE EVALUATION FORM  
District Administration Accounting Personnel Evaluation**

The purpose of this evaluation is to inform the employee of job performance with the goal of improving performance. An evaluation is to be completed each year and filed in the Superintendent's office before the April board meeting of each year. The evaluation may be conducted on a more frequent basis.

EMPLOYEE'S NAME \_\_\_\_\_ DATE \_\_\_\_\_

PRESENT POSITION \_\_\_\_\_ SCHOOL/DEPT. \_\_\_\_\_

PERIOD COVERED BY THIS EVALUATION \_\_\_\_\_ TO \_\_\_\_\_

**Definition of Evaluation Terms:** **N/A**=Not Applicable; **1**=Unsatisfactory, needs immediate improvement; **2**=Marginal, work is in need of improvement; **3**=Meets Requirements, producing desired results; **4**=Exceeds Requirements; **5**=Exceptional.

	5	4	3	2	1
Demonstrates ability to follow instructions.					
Possesses and maintains skills necessary for the assigned duties and tasks.					
Prepares letters, papers and reports of profession quality-ability to retrieve files or information.					
Produces assigned tasks in as accurate and timely manner.					
Demonstrates willingness to try new procedures and adapt to changes.					
Shows evidence of following school rules, routines, and procedures.					
Exhibits neatness in the work area.					
Demonstrates adequate knowledge as it pertains to current position.					
Shows evidence of initiative, leadership, and dedication to task.					
Shows good sense of judgment – uses tact.					
Demonstrates ability to work cooperatively with school staff and others.					
Shows interest in personal improvement – willing to accept suggestions and improve skills; receptive to constructive criticism.					
Maintains confidentiality.					
Uses time efficiently.					
Demonstrates responsibility in attendance and punctuality.					
Organizes and administers routine activities effectively.					

Comments: \_\_\_\_\_  
\_\_\_\_\_

**EMPLOYEE STATEMENT:** I have examined this evaluation, and have signed it; however, my signature does not necessarily indicate agreement with the contents, but only that they are recorded with my full knowledge.

Comments: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Evaluator

\_\_\_\_\_  
Date

**Improvement Plan - Year I II III**

Name \_\_\_\_\_ Date to be accomplished \_\_\_\_\_

1. What job target is to be improved?
  
  
  
  
  
  
  
  
  
  
2. What are some specific ways to improve?
  
  
  
  
  
  
  
  
  
  
3. Indicate how the improvement will be demonstrated/measured.
  
  
  
  
  
  
  
  
  
  
4. What training/in-service is planned to address the need?
  
  
  
  
  
  
  
  
  
  
5. What can the Administration do to help you accomplish the goal?

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Evaluator Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

Comments: \_\_\_\_\_  
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