

**CROSSETT SCHOOL DISTRICT
CLASSIFIED EMPLOYEE EVALUATION FORM
Cafeteria Manager/Cook 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
Assigned duties are completed and attention is paid to detail in carrying out duties.					
The quality of the work performed is done in an efficient (time conscious) manner without sacrificing quality. Time is not wasted.					
All assigned duties are performed according to assigned schedules with a minimum of supervision required. Each manager/cook knows what is expected of her/him and performs accordingly.					
Initiative and pride in the work done is demonstrated by quality results.					
The cafeteria manager/cook accepts constructive criticism and works to best serve the needs of children. This includes following established administrative procedures.					
The employee displays adequate work habits including daily attendance, punctuality, cleanliness, dependability, interpersonal skills, following directions, and attention to safety.					
Equipment is conscientiously maintained and work areas are kept clean and sanitary.					

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

Date Adopted: June 13, 2011

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: _____

