

**CROSSETT SCHOOL DISTRICT  
CLASSIFIED EMPLOYEE EVALUATION FORM  
District Food Service Supervisor 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
<b>Knowledge and Skills</b>					
Understands the relationship of food service to the total school program.					
Demonstrates a basic knowledge of the job of a Food Service Supervisor.					
Shows ability to plan and organize work of the staff.					
Follows directions of administrators.					
Serves food that meets quality standards.					
Makes maximum use of, and cares for all food service equipment.					
Directs workers in using the following production techniques and program aids: Standardized recipes, buying guide, weighing and measuring ingredients, portion control, staggered cooking (timed work schedule), pre-preparation, and work simplification.					
Adheres to sanitation and safety rules.					
Uses proper storage procedures.					
Demonstrates basic knowledge of nutrition.					
Completes all required records correctly.					
<b>Attitude</b>					
Shows enthusiasm for work.					
Always looking for better ways of performing tasks.					
Accepts new ideas.					
Communicates effectively with others.					
Works well with students.					
Cooperates in training new employees.					
Cooperates with and is courteous to other school personnel.					
Helps others recognize the importance of their jobs.					
<b>Professionalism</b>					
Follows line of authority.					
Presents a professional appearance.					
Belongs to professional organizations.					
Exhibits an interest in current trends in food service.					
Attends available training.					
Shows interest in continuing education for herself/himself and staff.					

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: \_\_\_\_\_  
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