

# MERIDIAN SCHOOL DISTRICT NO. 505

## Classified Employee Evaluation Form

Name: \_\_\_\_\_ Position: \_\_\_\_\_ Evaluation Period: \_\_\_\_\_ to \_\_\_\_\_

**M = Meets Requirements**

**N = Needs Improvement**

**U = Does Not Meet Requirements**

Note: Supporting comments required for "Needs Improvement" and "Does Not Meet Minimum Requirements"

QUALITY OF WORK	M	N	U	COMMENTS
Takes pride in work				
Works accurately				
Meets work deadlines				
Produces quality work				
Uses time efficiently/effectively				

WORK HABITS	M	N	U	COMMENTS
Is punctual and regular in attendance				
Gives adequate notice when absent				
Is a willing worker at all times				
Is flexible and adaptable				
Demonstrates organizational skills				
Suggests changes to improve work				
Deals effectively with emergencies				
Maintains appropriately neat work area				
Is willing to accept responsibility				

TECHNICAL ABILITY	M	N	U	COMMENTS
Possesses related skills for position				
Has specific knowledge about the job				
Effectively operates necessary equipment				
Takes advantage of training opportunities				

HUMAN RELATIONS	M	N	U	COMMENTS
Receives constructive criticism well				
Deals courteously and tactfully with others				
Exhibits effective communication skills				
Interacts positively with students				

PROFESSIONALISM	M	N	U	COMMENTS
Demonstrates cooperation/respect for peers				
Maintains confidentiality of the position				
Appearance and attire are appropriate				

Additional Comments

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor's Signature

\_\_\_\_\_  
Date

The employee and the administrator shall sign the evaluation in acknowledgment of having reviewed the evaluation. The employee may file a written statement to accompany the evaluation in areas where there is disagreement with statements in the evaluation.