

# ROSS VALLEY SCHOOL DISTRICT

## Classified Performance Appraisal Form

Check the appropriate box below to indicate the type of Performance Appraisal being conducted.

- 3-Month Probationary Appraisal    
  6-Month Probationary Appraisal    
  Permanent Performance Appraisal  
 9-Month Probationary Appraisal (only applicable if Probationary status has been extended by 3 months in accordance with Article 3.2)

Employee's name (Last, First, MI)		School/Work Site	
Position (Title)			
Date	Performance Period From _____ To _____	Evaluator's Name and Title	

The evaluator shall indicate the appropriate rating for each criteria. *Ratings of 2 or 3 in any criteria **must** be supported in the comments section or as an attachment; however, comments are encouraged in all areas.*

**RATING: 1 Meets or Exceeds Standards     2 Needs Improvement     3 Unsatisfactory     4 N/A**

<b>Evaluation Criteria</b>	<b>Rating</b>
1. Health and Safety Practices	
2. Knowledge of Work	
3. Judgment, Decision Making, and Dependability	
4. Planning and Organizing Work	
5. Quality and Accuracy of Work	
6. Communication	
7. Operation and Care of Equipment/Work Area	
8. Positive Interaction with Peers, Public, and Pupils	
9. Attendance/Punctuality	
10. Work Attitude	
11. Effective Use of Time/Meets Deadlines	
12. Initiative	
13. Skill Enhancement (Optional) (e.g. Participates In Workshops, Committees, Courses Or Self Enhancement To Improve Skills)	

**Comments:**

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**OVERALL EMPLOYEE RATING SUMMARY**

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- Performance meets or exceeds standards
  - Performance needs improvement
  - Performance unsatisfactory
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**EMPLOYMENT RECOMMENDATION:  
FOR PERMANENT EMPLOYEE ONLY**

- Continue in current position
- May continue on condition (If checked, a Support Improvement Program is to be developed.)

**FOR PROBATIONARY EMPLOYEE ONLY**

- Continue in probationary status for 6-month appraisal
  - Recommend extension of additional 3-months in probationary status in accordance with Article 3.2
  - Do not** recommend for continued probationary status
  - Recommend Permanent Status
  - Do not** recommend Permanent Status
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**COMMENTS BY EVALUATOR:  
Commendations:**

Recommendations:

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**COMMENTS BY EMPLOYEE:**

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Signature of Evaluator

\_\_\_\_\_/

Date

\_\_\_\_\_/

Signature of Employee

\_\_\_\_\_/

Date

*It is understood that in signing this form the employee acknowledges having seen and discussed the report. The employee's signature does not necessarily imply agreement with the conclusion of the evaluator. The employee has the right to submit to the Human Resources Department a written response within 10 days which will be included with his/her evaluation and placed in his/her personnel file.*