

SUPPORT STAFF PERFORMANCE EVALUATION REPORT

Use ink or computer.

EMPLOYEE NAME		EMPLOYEE STATUS	LOCATION NAME	
OFFICIAL POSITION TITLE	SOCIAL SECURITY NO. (last 4 digits):	DUE DATE	LOCATION NO.	IF UNSCHEDULED REPORT CHECK HERE: <input type="checkbox"/>

SECTION A	a	b	c	d	FACTOR CHECK LIST The rater and/or reviewer must check each factor in the appropriate column	e DOES NOT APPLY	SECTION B Record job STRENGTHS and performance that exceeds standards:
GENERAL FACTORS							SECTION C Record PROGRESS ACHIEVED in attaining previously set goals for improved work performance and other performance factors. SECTION D Record specific GOALS or IMPROVEMENT PROGRAMS to be undertaken during next evaluation period. SECTION E Specify work performance deficiencies or job behavior requiring improvement or correction and explain checks in Column a or b. SUMMARY — Overall performance <input type="checkbox"/> Not Satisfactory <input type="checkbox"/> Meets Standards <input type="checkbox"/> Requires Improvement <input type="checkbox"/> Exceeds Standards Comments: _____ EVALUATION TYPE PROBATIONARY EXTENSION <input type="checkbox"/> Three Month Probationary <input type="checkbox"/> Probationary <input type="checkbox"/> Six Month Probationary Period Extended _____ Months <input type="checkbox"/> Annual Evaluation Print/Type Rater's Name _____ Signature _____ Title _____ Date _____ Print/Type Reviewer's Name: (if none, so indicate) _____ Signature _____ Title _____ Date _____ EMPLOYEE: I certify that this report has been discussed with me. I understand my signature does not necessarily indicate agreement. <input type="checkbox"/> A response will be made within timelines established in the applicable negotiated agreement. <input type="checkbox"/> A response was submitted on _____ Date _____ Signature of Supervising Administrator Receiving Response _____ Date _____ <input type="checkbox"/> No response Employee's Signature _____ Date _____
					Appearance of work area		
					Attendance / Punctuality		
					Certification: (CPR/First Aid, ICBO, etc.)		
					Confidentiality		
					Grooming and dress		
					Safety practices and compliance with rules		
					Stewardship of resources, equipment, etc.		
					Accepts change, direction, and responsibility		
					Communication with supervisor, colleagues, etc.		
					Cooperative attitude		
					Customer service: (public, pupil and employee contacts)		
					Effectiveness under stress		
					Job skill level		
					Knowledge of work		
					Motivation and initiative		
					Planning and organization / Meeting deadlines		
					Problem solving within work assignment		
					Quality of work / Work coordination		
					Reliability and dependability		
					Tact and diplomacy		
					Teamwork		
					Volume of acceptable work		
					Work judgments		
					Other: (Identify and explain)		
FOR SUPERVISORS							
					Evaluative/Appraisal skills		
					Expresses emotions appropriately		
					Communicates effectively with supervisors, peers, subordinates		
					Judgment and decisions		
					Leadership		
					Planning and organizing		
					Problem solving / Decision making		
					Productivity		
					Supervisory ability		
					Training and instructing		
					Other: (Identify and explain)		
Checks on Column A or B must be explained in Section E and comply with the negotiated agreement.							

Clark County School District SUPPORT STAFF PERFORMANCE EVALUATION REPORT CONTINUATION SHEET

Use ink or computer.

EMPLOYEE NAME	SOCIAL SECURITY NO. (last 4 digits)	DUE DATE	PAGE
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SECTION B (continued): Record job STRENGTHS and performance that exceeds standards.

SECTION C (continued): Record PROGRESS ACHIEVED in attaining previously set goals for improved work performance and other performance factors.

SECTION D (continued): Record specific GOALS or IMPROVEMENT PROGRAMS to be undertaken during next evaluation period.

SECTION E (continued): Specify work performance deficiencies or job behavior requiring improvement or correction and explain checks in Column a or b.

Employee's Signature Date

Print/Type Rater's Name Title Signature Date

Print/Type Reviewer's Name (if none, so indicate) Title Signature Date

INSTRUCTIONS

For Use with the Performance Evaluation Report Form

GENERAL

1. After making preliminary markings of each factor in Section A, the rater may review the report with the principal or department head. The CCF-70 should be typed (computer keyboard) or legibly written in ink. Either the rater or reviewer (or both) shall then review the evaluation with the employee in a private conference. All signatures shall be in ink. Changes and corrections shall be initialed by the employee.
2. If space for comments is inadequate, continue on page 2.
3. **Due dates** must be observed and are **particularly important for probationary reports**.
4. **All probationers** (either new-hire or promotional) shall be evaluated prior to the end of their sixth month of probationary service unless the probationary period is extended by the supervisor. Probationers may be separated (or demoted, if permanent in a lesser class) at any time such action is deemed necessary by the principal or department head, through use of either a scheduled or an unscheduled performance evaluation report.
5. **All regular status employees** shall be evaluated annually (until they reach Step E). Regular status employees must also be separated or demoted in the same manner as probationary employees provided that all pertinent rules and district procedures are observed.
6. **Unscheduled reports** may be filed at any time for either regular or probationary employees upon the request of the supervisory administrator.
7. The "Support Staff Performance Evaluation Guide" should be consulted for suggestions, definitions, interpretations and further instructions.
8. All performance evaluation reports in an employee's personnel department file are subject to review by principals or department heads whenever the employee is to be transferred or promoted.

SECTION A: Check (✓) one column for each factor. Column (e) may be checked when a factor is not considered applicable to a particular job. Each check mark in Column (a) or (b) requires specific explanation in Section E.

SECTION B: May be used to record outstanding qualities or performance. An evaluation report of all exceeds standards must include a narrative of specific examples.

SECTION C: Used to record progress or improvements in performance resulting from employee's efforts to reach previously set goals.

SECTION D: Record agreed-upon or prescribed performance goals for the next evaluation period.

SECTION E: Record specific deficiencies and rationale for check marks in Column (a) or Column (b). Record here any other specific reasons why the employee should not be recommended for regular status, or if the employee is regular status a recommendation for demotion, if appropriate.

SUMMARY EVALUATION:

Check the overall performance here, taking into account all factors and total performance over the full period of service being evaluated.

Not Satisfactory: Performance clearly inadequate in one or more critical factors as explained or documented in Section E. Employee has demonstrated inability or unwillingness to improve or to meet standards. Performance is not acceptable for position held.

Requires Improvement: Total performance periodically or regularly falls short of normal standards. Special deficiencies should be noted in Section E. This evaluation indicates the supervisor's belief that the employee can and will make the necessary improvements.

Effective – Meets Standards: Consistently competent performance meeting or exceeding standards in all critical factors for the position. If margin is narrow and standards barely met, explain in Section E.

Exceeds Standards: Total performance is well above normal standards for the position. This evaluation should be reflected by marks for critical factors in Section A, and superior or excellent performance must include a written narrative of specific observations of superior performance.

SIGNATURES: Both the supervising administrator and the employee shall date and sign the report. The employee's signature indicates that the conference has been held and that the employee has had an opportunity to read the report. If the employee refuses to sign for any reason, explain that the signature does not necessarily imply or indicate agreement with the report. Refusal to sign shall be recorded on the report after which it shall be forwarded to Human Resources. Further refusal to sign may result in appropriate discipline measures.

APPEAL: Evaluation reports express the judgement and opinions of the supervising administrator, and as such are not subject to appeal **unless** there has been a resultant action taken to suspend, demote, or dismiss a regular employee.