

BEDFORD COUNTY SCHOOL BOARD CLASSIFIED EMPLOYEE PERFORMANCE REVIEW

(To be completed by supervisor and/or school administrator and discussed with employee. After all signatures are obtained, a copy will go to employee and supervisor or school administrator.)

Employee Name _____ Date _____

School _____ Job Title _____ Shift _____

(CHECK THE APPROPRIATE BOX)

FACTOR	SATISFACTORY	NEEDS IMPROVEMENT**	UNSATISFACTORY**	COMMENTS
Quality of work	Meets established standards <input type="checkbox"/>	Often does not meet established standards <input type="checkbox"/>	Does not meet established standards <input type="checkbox"/>	
Volume of Work	Produces an acceptable amount of work <input type="checkbox"/>	Somewhat slow; does not always complete work <input type="checkbox"/>	Generally slow does not produce enough work <input type="checkbox"/>	
Knowledge of Job	Has knowledge and ability to execute job duties <input type="checkbox"/>	Serious weakness in ability to grasp and carry out duties/responsibilities <input type="checkbox"/>	Lacks awareness of duties and responsibilities <input type="checkbox"/>	
Work Attitude/ Adaptability	Self motivated accepts new ideas and change <input type="checkbox"/>	Frequently appears indifferent toward work; lacks initiative; resist change <input type="checkbox"/>	Shows little interest toward work; refuses to change or accept new ideas and procedures <input type="checkbox"/>	
Attitude Toward Others	Displays a positive attitude. Cooperatative and tactful <input type="checkbox"/>	Occasionally displays an uncooperative attitude and discourteous behavior <input type="checkbox"/>	Consistently displays an uncooperative attitude and discourteous behavior <input type="checkbox"/>	
Compliance with Rules/ Regulations	Follow job rules/regulations <input type="checkbox"/>	Often fails to follow job rules/regulations <input type="checkbox"/>	Refuses to follow job rules/regulations <input type="checkbox"/>	
Attendance	Satisfactory <input type="checkbox"/>	Needs Improvement <input type="checkbox"/>	Unsatisfactory <input type="checkbox"/>	
Depend-ability	Meets obligations <input type="checkbox"/>	Frequently misses deadlines <input type="checkbox"/>	Consistently fails to meet deadlines <input type="checkbox"/>	

**Any ratings in these two columns must be supported by comments in the last column or in an attachment.

Comments of Supervisor or School Administrator:

Signature of School Administrator _____ Date _____

Signature of Supervisor _____ Date _____

Comments of Employee: _____ I agree () disagree () with the evaluation.

My signature does not indicate my agreement, but only certifies that my supervisor has discussed this evaluation with me.

Signature of Employee _____ Date _____