

Monte Vista School District Facilities Department Performance Evaluation Report

Name _____ Date _____ Mid-Year _____ End of Year _____

Complete this Employee Performance Evaluation using the following scale:

5 = Exemplary – Always exceptional ; substantially exceeds job requirements

3 = Proficient – Meets all job requirements

1 = Basic – Significant improvement required to meet job expectations

4 = Accomplished – Work is of high quality and often exceptional

2 = Partially Proficient – Requires improvement to meet the job requirements

Any item rated a 2 or below requires a written comment.

Quality of Work	Dependability	Initiative	Interpersonal Relations	Integrity
<p>____ Completes daily/ weekly/monthly/annual duties</p> <p>____ Restock supplies as needed</p> <p>____ Performs satisfactory work consistently</p> <p>____ Completes maintenance on grounds equipment</p> <p>____ Performs tasks necessary for sporting events</p>	<p>____ Arrives on time and adheres to work schedule</p> <p>____ Prioritizes use of time</p> <p>____ Secures campus and follows district safety guidelines</p>	<p>____ Recognizes and acts upon non-assigned tasks.</p> <p>____ Completes duties for assigned areas</p> <p>____ Accepts assignments willingly</p>	<p>____ Is friendly and courteous to any/all individuals.</p> <p>____ Works cooperatively with colleagues.</p> <p>____ Communicates on a satisfactory level verbally or in writing</p>	<p>____ Takes pride in his/her work</p> <p>____ Appearance is appropriate for position</p> <p>____ Speaks well of the district and its employees and acts in a positive manner</p>
<p>Comments</p>	<p>Comments</p>	<p>Comments</p>	<p>Comments</p>	<p>Comments</p>

General Comments: _____

____ Growth plan not required ____ Growth plan requirements were adequately met. ____ Growth plan requirements were not met.

Growth Plan

Area(s) Of Concern: _____

How Improvement Will Be Made: _____

To be completed following employee efforts to meet growth plan requirements.

Evidence That Growth Has Been Successfully Completed: _____

Signature of Evaluator: _____ Employee signature: _____ Date: _____