

Monte Vista School District Secretary 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 written comment.

Quality of Work	Dependability	Initiative	Interpersonal Relations	Integrity
<p>_____ Degree to which the employee's work is thorough, accurate, neat</p> <p>_____ The ability to plan ahead, manage time, accomplish tasks effectively, maintain accurate records system</p> <p>_____ The ability to communicate accurately and effectively both verbally and in written form.</p>	<p>_____ Follows school policy for absences or tardiness.</p> <p>_____ The ability to adjust to changing conditions, procedures, job interruptions, deadlines.</p>	<p>_____ The degree of cooperativeness and consideration displayed in working with supervisor, peers, co-workers.</p> <p>_____ Works with fellow employees in harmony without creating stress.</p> <p>_____ Develops positive, respectful relationships with students, colleagues and community members.</p>	<p>_____ The ability to tackle problems on her/his own when appropriate and find constructive solutions.</p> <p>_____ Employee seeks opportunities to increase the effectiveness of their practice.</p>	<p>_____ Maintain confidentiality related to students, their families and staff and all matters concerning school business</p> <p>_____ The manner in which the employee interacts and represents the entire educational community to the public.</p>
Comments	Comments	Comments	Comments	Comments

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:** _____