

Monte Vista School District Food Service Employee 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>____ Work is completed in the number of hours allotted to the position.</p> <p>____ Keeps work area clean.</p> <p>____ Completes tasks so work is not left for another team member to finish.</p> <p>____ Performs job in a way that ensures food is served as directed and presentable.</p>	<p>____ Reports to job on time.</p> <p>____ Follows school policy regarding absences and tardiness.</p> <p>____ The ability to adjust to changing conditions, procedures, job interruptions, deadlines.</p>	<p>____ Problem solves and anticipates what the needs will be for the next day and in some cases beyond.</p> <p>____ Self-starter.</p> <p>____ Seeks additional responsibilities, carries out assigned responsibilities independently.</p>	<p>____ Works well with co-workers / supervisors.</p> <p>____ Recognizes that s/he is part of a team and shows initiative. Actively participates in team meetings, suggests improvement strategies and acts upon those adopted.</p> <p>____ Treats all customers, students, school staff, and delivery personnel with courtesy and respect.</p>	<p>____ Takes pride in work.</p> <p>____ Appearance is appropriate for position.</p> <p>____ Speaks well of 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

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

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: _____