

**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.

<b>Quality of Work</b>	<b>Dependability</b>	<b>Interpersonal Relations</b>	<b>Initiative</b>	<b>Integrity</b>
<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:** \_\_\_\_\_