

APPENDIX B
ORANGE UNIFIED SCHOOL DISTRICT
Performance Evaluation Classified Personnel

Rater's ID#: _____
Employee's ID#: _____
PC#: _____

NAME: _____
WORK LOCATION: _____

CLASS/PROGRAM: _____
FROM: _____

TO: _____

<input type="checkbox"/> 3 Month Evaluation <input type="checkbox"/> 5 Month Evaluation <input type="checkbox"/> Annual Evaluation	MEETS DISTRICT STANDARDS	NEEDS IMPROVEMENT	UNSATISFACTORY
1. QUANTITY OF WORK			
a. Amount of work performed			
b. Completion of work on schedule			
2. QUALITY OF WORK			
a. Accuracy			
b. Neatness of work product			
c. Thoroughness			
d. Oral expression			
e. Written expression			
3. WORK HABITS			
a. Observance of work hours			
b. Attendance			
c. Observance of rules/regulations			
d. Compliance with work instructions			
e. Orderliness or work			
f. Application of duties			
4. PERSONAL RELATIONS			
a. Getting along with peers			
b. Meeting and handling the public			
c. Personal appearance			
d. Attitude			
5. ADAPTABILITY			
a. Performance in new situations			
b. Performance in emergencies			
c. Performance with minimum instruction			
6. BASIC SKILLS (when applicable)			
a. Reading			
b. Computation			
c. Spelling			
d. Job understanding			
e. Rapport with students			

OVERALL PERFORMANCE SUMMARY

☐ MEETS DISTRICT STANDARDS

☐ NEEDS IMPROVEMENT

☐ UNSATISFACTORY

If employee is probationary, it is recommended this employee be granted permanent status:

☐ Yes ☐ No

Comments: _____

EMPLOYEE STATEMENT: *I acknowledge that I have seen the above evaluation and have discussed it. I understand that my signature does not necessarily mean that I agree with this evaluation but that I acknowledge receipt of a copy.*

☐ Agree ☐ Disagree

Employee's Signature

Date

Rater's Signature and Title

Date

Reviewer's Signature and Title

Date

EMPLOYEE'S COMMENTS: _____

Distribution of Copies: Personnel Evaluator Employee