

APPENDIX C
 ORANGE UNIFIED SCHOOL DISTRICT
Performance Evaluation Child Development Services Personnel

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

NAME: _____
 WORK LOCATION: _____

POSITION: _____
 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. QUALITY OF WORK			
a. Accuracy			
b. Neatness of work product			
c. Oral expression			
d. Written expression			
e. Completion of work on schedule			
2. CLASSROOM MANAGEMENT (when applicable)			
a. Shows knowledge & understanding of children's ability & needs			
b. Uses appropriate behavior management techniques			
c. Observes & records significant behavior of children			
d. Interacts appropriately with children			
e. Provides an appropriate environment for children			
f. Plans & implements appropriate curriculum on a daily basis			
g. Maintains an orderly room & equipment			
h. Uses good judgment in ordering materials			
3. WORK HABITS			
a. Observance of work hours			
b. Attendance			
c. Observance of rules & regulations			
d. Attends & participates in staff meetings			
e. Flexible			
f. Initiative			
g. Field trip performance			
4. PERSONAL RELATIONS			
a. Getting along with peers			
b. Personal appearance			
c. Attitude			
5. ADAPTABILITY			
a. Performance in a new situation			
b. Performance in emergencies			
c. Performance with minimum instruction			
d. Job understanding			
e. Rapport with students			
6. BASIC SKILLS			
a. Reading			
b. Computation			
c. Spelling			
d. Job understanding			

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