

# ZACHARY COMMUNITY SCHOOL DISTRICT

## SECRETARIAL, CLERICAL, and OTHER CLASSIFIED EMPLOYEES EVALUATION

|                           |                  |
|---------------------------|------------------|
| Name: _____               | Evaluator: _____ |
| Employee ID Number: _____ | Position: _____  |
| Position Assigned: _____  | Date: _____      |
|                           | Location: _____  |

**DIRECTIONS:** The evaluator is to indicate the appropriate rating of each major topic by placing a circle around the **S**, **NI**, **U**, or **NA**.  
 The evaluator shall then mark each item under the major headings using (**S**) to denote satisfactory performance, (**NI**) to denote needs improvement, (**U**) to denote unsatisfactory performance, and (**NA**) to denote not applicable.

|  |   |    |   |    |
|--|---|----|---|----|
| 1. Acceptance, performance and completion of tasks                                       | S | NI | U | NA |
| 2. Appropriateness of appearance (general grooming and dress)                            | S | NI | U | NA |
| 3. Dependability (attendance, punctuality, wise use of time)                             | S | NI | U | NA |
| 4. Independent judgment when required  | S | NI | U | NA |
| 5. Interest shown in self-improvement  | S | NI | U | NA |
| 6. Acceptable speaking and writing skills  | S | NI | U | NA |
| 7. Proficiency in use of necessary machines and equipment                                | S | NI | U | NA |
| 8. Accuracy and efficiency in record keeping and / or handling and accounting for monies | S | NI | U | NA |
| 9. Readiness to profit from suggestions or criticism                                     | S | NI | U | NA |
| 10. Courtesy, tact and diplomacy in communicating and working with others.               | S | NI | U | NA |

**Appraiser's Comments** *(Please write any further explanations, outstanding or poor performance, details, etc. in the space below)*

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**Employee's Comments**                      I agree \_\_\_\_\_                      I disagree \_\_\_\_\_

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Observer's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Evaluatee's Signature

\_\_\_\_\_  
Date

**My signature indicates that I have read the results of the evaluation,  
 but does not indicate agreement or disagreement with the results.**

**II. COUNSELOR'S PERFORMANCE AT THIS TIME IS:**

Satisfactory \_\_\_\_\_

**III. IMPLEMENTATION OF THE PROFESSIONAL GROWTH PLAN**

Is Minimal \_\_\_\_\_

**IV. COMPLETION OF SELF-EVALUATION:**

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**V. EVALUATOR'S COMMENTS:**

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**VI. GUIDANCE COUNSELOR'S COMMENTS:**

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Evaluatee  
Main Office  
School File / Supervisor