

ZACHARY COMMUNITY SCHOOL DISTRICT
SECRETARIAL, CLERICAL, and OTHER CLASSIFIED EMPLOYEES EVALUATION

Name: _____ Evaluator: _____
 Social Security 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)*

Employee's Comments I agree _____ I disagree _____

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:

V. EVALUATOR'S COMMENTS:

VI. GUIDANCE COUNSELOR'S COMMENTS:

Evaluatee
Main Office
School File / Supervisor