CUSTODIAL EVALUATION FORM

Name _____ Location _____

Position _____ Evaluator _____

Supervisor _____ Manager _____

INSTRUCTIONS: Indicate appraisal of employee's performance by placing an "X" in the appropriate column. Note A.A = Above Average; A = Acceptable; B.A. = Below Average; U= Unacceptable.

	AA	A	BA	UCU
QUALITY OF WORK - Extent to which employee produces acceptable or above average work				
ATTENDANCE* Valid absences and tardies maintained within a normal range				
DEAMEANOR - The degree to which the employee's appearance and personality inspire confidence and cooperation. Employee exhibits a pleasant and cheerful disposition, enthusiasm, sense of humor and pleasing manner with others both within and outside the district.				
PHYSICAL HEALTH/ EMOTIONAL STABILITY - Exhibits evidence of energy and vitality in daily reponsibilities. Employee exhibits social adjustments and maintains control of his/her emotions				
INITIATIVE - Can consistently recognize what needs to be done and accomplishes the tasks with or without directions.				
CRITICISM - Accepts positive suggestions willingly. Recognizes strengths and weaknesses.				
WORK SKILLS - Posseses necessary skills and knowledge to perform job assignments.				
SUPERVISOR ABILITY** - Exhibits leadership qualities of planning, directing and organizing assigned staff in a productive and effective manner.				
SECURITY OF FACILITY/EQUIPMENT USE - Maintains security of facilities and equipment so that the optimum use of resources is realized.				
TIME MANAGEMENT - The ability to produce a sufficient amount of work to complete a job in the proper amount of time.				
COMMUNICATION SKILLS - Ability to organize, develop, and verbally express ideas and information.				
INTERPERSONAL RELATIONS - Ability to interact and relate to fellow workers and/or supervisors in a positive manner.				

* Interim evaluation must be completed when absences exceed 10 working days. ** When applicable.

ABOVE AVERAGE_____ **ACCEPTABLE** _____
BELOW AVERAGE***_____ **UNACCEPTABLE*****_____

*** FORMAL WRITTEN PLAN FOR CORRECTIVE AND/OR DISCIPLINARY ACTION AS REQUIRED.

EVALUATOR COMMENTS

SUPERVISOR'S/ MANAGER'S COMMENTS

Would you recommend this employee for promotion? _____YES _____NO

We have discussed this performance evaluation with the evaluatee named above.

_____ _____
Date Evaluator's Signature

_____ _____
Date Supervisor/Manger's Signature

I have read the contents of this evaluation report. My signature does not necessarily imply that I agree with its contents.

_____ _____
Date Evaluatee's Signature

EVALUATEE COMMENTS