

# ZACHARY COMMUNITY SCHOOL DISTRICT

## SUPPORT PERSONNEL 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. EVALUATEE'S COMMENTS:**

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Evaluatee  
Main Office  
School File / Supervisor