



**DISTRICT SCHOOL BOARD OF MONROE COUNTY, FLORIDA
SUPPORT PERSONNEL PERFORMANCE EVALUATION**

Name of Employee: _____

Position Title: _____

Period Covered: _____

School/Dept: _____

Rating Scale: HE=Highly Effective E=Effective N=Needs Improvement U=Unsatisfactory

EMPLOYEE PERFORMANCE	HE	E	N	U
Quality and Quantity of Work – The employee completes all assigned duties and responsibilities in a timely, efficient and organized manner.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dependability – Works with minimum supervision and meets deadlines. Breaks/Lunch times observed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attitude and Cooperation – Exhibits a positive attitude and cooperates with associates, school-based personnel, district level administrators, and the public when performing assigned duties and responsibilities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative and Resourcefulness – Readily assumes responsibility and communicates need for additional work. Evidences sound judgement within scope of assigned duties.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Uniform/Attire – Wears uniform in manner prescribed. Dresses appropriately and arrives on the job neat and clean. Good personal habits.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Safety – Exercises safe work habits and is attentive to unsafe actions or situations. Respects danger of machinery and uses available safety equipment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cost Consciousness – the employee considers efficient use of time, equipment, supplies and materials. Breaks/Lunch times.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attendance – Comes to work on time and does not use excessive leave. Timely notification is given to the supervisor prior to absences.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Commendations:

Recommendations:

This report is based on my observations, knowledge of employee’s performance and review of applicable information. It represents my best judgment of employee’s performance.

Evaluator’s Signature

Title

Date

Employee Comment: _____

I acknowledge that I have received a copy of this evaluation and have had an opportunity to discuss it with my supervisor.

Employee Signature

Date