

Washington-Saratoga-Warren-Hamilton-Essex Counties
Board of Cooperative Educational Services

SERVICE EMPLOYEE EVALUATION FORM

NAME _____ POSITION & LOCATION _____ DATE _____

To Evaluate An Employee's	Carefully Consider	Very Good	Satis.	Needs Imp.	Unsat.	NA
Ability to Learn	Consistency and speed with which the employee absorbs instruction and handles work without repeated instruction.					
Knowledge of Duties	Extent to which the employee possesses the job knowledge to fully perform assigned duties.					
Skill in Use of Equipment	Speed and dexterity with which the employee uses or operates machines and equipment. Uses equipment safely and carefully.					
Accuracy of Work Performance	Exactness and thoroughness with which the employee completes all work assignments.					
Knowledge of Regulations Communicated	Extent to which the employee knows and conforms to District policies and department rules.					
Neatness	Employee's habits of neatness and cleanliness.					
Use of Time	Manner in which the employee uses his working hours; his conscientiousness.					
Production	Amount of work performed, promptness and quality with which it is completed.					
Cooperation	Ability to get along with people in all relationships (Fellow workers, supervisors and teachers.)					
Punctuality	Dependability in being ready for work at all times; on time.					
Attendance	Maintains regular attendance and meets daily obligations.					
Enthusiasm and Initiative	Has self-reliance and drive to take first step in undertakings; approaches tasks with imagination.					
Judgment	Has ability to arrive at sound, logical conclusions with or without leadership, based on facts and circumstances involved.					
Relationship With Pupils	Works well with students, has their respect, and is patient and accommodating.					

SUMMARY OF EVALUATION: SATISFACTORY _____ NEEDS IMPROVEMENT _____ UNSATISFACTORY _____

COMMENTS: (Indicate the area above to which comments apply. Unsatisfactory evaluations require justification and substantiation, together with suggestions for improvement.)

This signature certifies I have read this report and it has been discussed with me. I understand the specific steps which I must take to improve, and I will ask for assistance if I need additional training.



EVALUATOR _____ DATE _____ EMPLOYEE SIGNATURE _____
 White-Personnel File Yellow-Supervisor Pink-Employee 7/94