

**CHARLOTTE PUBLIC SCHOOLS
EMPLOYEE EVALUATION**

Employee's Name: _____

Supervisor: _____

Building: _____

Evaluation Period: From: _____ To: _____

Evaluations should be completed by June 30 each year.

Each category should contain a numerical rating according to the scale provided and comments which support that rating.

- 1. Exceptional
- 2. Above Average
- 3. Average
- 4. Needs Improvement
- 5. Unacceptable

I. HUMAN RELATIONS

Rating

a. Attitude _____

b. Confidentiality in student and school related information _____

c. Flexibility in unusual situations _____

I. HUMAN RELATIONS (continued) Rating

d. Ability to cope with stressful situations _____

e. Ability to work with people in a tactful, fair, and cooperative manner _____

f. Ability to communicate with parents and/or community _____

g. Ability to work with students _____

II. TECHNICAL SKILLS

a. Typing skills, spelling, punctuation _____

b. Telephone communication _____

II. TECHNICAL SKILLS (continued) Rating

c. Office organization (Filing, Clerical, etc.) _____

d. Work is completed in a thorough, accurate, and timely manner _____

e. Ability to take directions and follow through assignments and instructions _____

f. Creativity and writing skills _____

g. Knowledge of office equipment _____

h. Ability to prioritize assignments _____

III. GENERAL

a. Conscientious and reliable with respect to attendance and punctuality _____

III. GENERAL (continued)	Rating
b. Dress and general personal neatness is appropriate _____	_____

c. Exhibits initiative in work related areas _____	_____

d. Maintains demeanor appropriate to school office _____	_____

e. Loyalty to office supervisor and school district _____	_____

IV. DEVELOPMENT	
a. Ability/Desire to improve _____	_____

b. Acceptance of criticism _____	_____

c. Shows continual progress _____	_____

ADDITIONAL SUPERVISOR'S _____

EMPLOYEE'S _____

Please check:

_____ Job description for position has been reviewed and is current.

****You are required to attach a copy of current job description to evaluation.**

My supervisor and I have discussed this evaluation and I have received a copy of it.

Signature of Employee _____ Date _____

Signature of Supervisor _____ Date _____

Revised 4/5/99