Employee Name:						Site/Department	
Job Title:	[ ] Permanent [ ] Probationary					If unscheduled report check here [ ]	Due Date:

SECTION A: Checks in column D must be explained in column E. GENERAL SKILLS	**A** OUTSTANDING	**B** COMPETENT / MEETS STANDARDS	**C** NEEDS TO IMPROVE	**D** UNSATISFACTORY	**E** DOES NOT APPLY
1.Complies with policies, regulations, and procedures.					
2. Maintains a good attendance record.					
3. Observes time/work schedules.					
4. Presents an appropriate appearance.					
5. Uses materials/equipment safely and economically.					
6. Plans, organizes, and prioritizes work effectively.					
7. Relates respectfully and courteously to students.					
8. Responds to needs of community/parents in a professional manner.					
9. Works courteously and relates effectively with fellow employees.					
10. Exhibits ability to work independently.					
11. Accepts change and demonstrates flexibility.					
12. Completes satisfactory volume of quality work within a reasonable time frame.					
13. Demonstrates ability to make independent judgments.					
14. Willingly accepts suggestions/directions.					
15. Shows an interest in self-improvement.					
16. Understands department/school objectives and works to achieve them.					
17. Keeps lines of communication open between self and supervisor.					
HEALTH AIDE					
1. Demonstrates ability to administer first aid and function adequately in emergencies.					
2. Demonstrates understanding of the role and function of the Health Aide.					
3. Demonstrates the ability to maintain accurate records.					
4. Maintains confidentiality.					
5. Demonstrates ability to apply appropriate judgments when handling health care issues.					
6. Demonstrates flexibility and ability to problem solve.					
7. Effectively work Nurse and other staff.					
OTHER FACTORS					

SECTION B: Record job STRENGTHS and superior performance.

SECTION C: Record PROGRESS ACHIEVED in attaining previously set goals for improved work performance for personal or job qualifications.

SECTION D: Record specific GOALS OR IMPROVEMENT PROGRAMS to be undertaken during the next evaluation period.

SECTION E: Record specific work performance DEFICIENCIES or job behavior requiring improvement or correction. Explain checks in Column D.

SUMMARY EVALUATION - Check overall performance*

[ ] Outstanding [ ] Needs to Improve
[ ] Competent/Meets Standards [ ] Unsatisfactory

***An overall rating below "Competent/Meets Standards" will NOT be forward to employee's Personnel File for TEN working days after receipt of his/her copy.**

RATER: ( ) I DO ( ) I DO NOT recommend this employee be granted permanent status.

Signature: Title: Date:

REVIEWER: (If none, so indicate)

Signature: Title: Date:

EMPLOYEE: I certify that this report has been discussed with me. I understand my signature does not necessarily indicate agreement.

Employee's Signature: Date:

COMMENTS:

COMMENTS: