MODIFIED 3/14

**WARREN WOODS PUBLIC SCHOOLS**

**Non-Union Performance Assessment**

**Employee Name: Date:**

**Building: Position:**

**Please check all that apply: Conference Date:**

 ** Probationary Assessment Date:**

 ** Non-Probationary**

 ** Job description - reviewed and current**

**Purpose**

The purpose of the assessment process is to improve performance and communication between the employee and the administrator.

**Timelines**

**New Employees** - A new employee or a person in a new position will be formally assessed during the first thirty (30) days of employment in that position. A new employee or a person in a new position will be formally assessed again within one (1) year following employment or service within a new position.

**All Employees** - All employees will be formally assessed at least once every three (3) years.

**Process**

The assessment process steps are:

1. Secretarial/clerical employee self assessment.
2. Administrator separately assesses secretarial/clerical employee.
3. A conference is held to compare the two assessments
4. A final assessment is written by the administrator and reviewed with the secretarial/clerical employee.
5. The secretary/clerk may choose to write an attachment of clarification.
6. Final signed assessment will be placed in the employee=s personnel file.

**Assessment Levels**

Use the following rating scale: **1** Exceeds Expectations

**2** Meets Expectations

**3** Needs Attention

**NA** Does Not Apply

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**1** Exceeds Expectations **2** Meets Expectations **3** Needs Attention **NA** Does Not Apply

 Please Circle One

**I. Quality of Work** Measures the degree or grade of excellence and the standards

by which one performs...

a. Job Knowledge 1 2 3 NA

b. Accuracy 1 2 3 NA

c. Neatness 1 2 3 NA

d. Works efficiently under pressure or emergency conditions 1 2 3 NA

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|  | **COMMENTS:** |  |  |  |
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**II. Technical Skills**

a. Maintains office equipment 1 2 3 NA

b. Maintains files and records 1 2 3 NA

c. Maintains accurate financial records 1 2 3 NA

d. Demonstrates appropriate computer skills 1 2 3 NA

e. Adapts to changing technology 1 2 3 NA

f. Demonstrates creativity 1 2 3 NA

g. Demonstrates ongoing professional development 1 2 3 NA

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**III. Work Habits and Attitudes** Rates the work behavior and practices of employee on...

a. Dependability 1 2 3 NA

b. Punctuality 1 2 3 NA

c. Organization 1 2 3 NA

d. Initiative 1 2 3 NA

e. Works independently 1 2 3 NA

f. Responsive to constructive criticism 1 2 3 NA

g. Ability to prioritize tasks 1 2 3 NA

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 **IV. Maintains Confidentiality** with...

a. Administration 1 2 3 NA

b. Staff 1 2 3 NA

c. Students 1 2 3 NA

d. Records/Correspondence 1 2 3 NA

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**V. Professional Qualities** Examines professional traits and characteristics of individual...

a. Judgment 1 2 3 NA

b. Adaptability 1 2 3 NA

c. Attendance 1 2 3 NA

d. Appearance 1 2 3 NA

e. Trustworthiness 1 2 3 NA

f. Reflects the purpose and goals of the program/department and district 1 2 3 NA

g. Ability to handle telephone contacts 1 2 3 NA

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**VI. Relationship with others** Relates to and effectively works with...

a. Students 1 2 3 NA

b. Parents/Public 1 2 3 NA

c. Supervisor/Administration 1 2 3 NA

d. Employees 1 2 3 NA

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**VII. Supervisory Skills** (if applicable) Evaluates ability of employee to take charge and direct others...

a. Accepts responsibility willingly 1 2 3 NA

b. Leadership 1 2 3 NA

c. Fairness and impartiality 1 2 3 NA

d. Ability to make decisions 1 2 3 NA

e. Ability to train and instruct employees 1 2 3 NA

f. Ability to plan and assign work 1 2 3 NA

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| **NAME Page 4 of 4****SUMMARY COMMENTS** (optional) |
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| **Overall assessment rating for this employee=s job effectiveness:** |
|  | ** 1 Exceeds Expectations** | ** 2 Meets Expectations** | ** 3 Needs Attention** |
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| Signature of Administrator Conducting the Assessment |  | Date |  |
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|  |  I will attach a personal statement of clarification to this assessment. |  |  |
|  |  I have reviewed this assessment with my supervisor and have been given a copy. |
|  | The presence of the employee=s signature indicates that the assessment form has been reviewed by the employee, it does not imply agreement with the assessment. |  |
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|  | Signature of Employee |  | Date |  |
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**Distribution of signed Assessment:**

Original - Personnel

Copies - Employee

Administrator