

East San Gabriel Valley Regional Occupational Program and Technical Center

CLASSIFIED EMPLOYEE PERFORMANCE EVALUATION REPORT

Employee:	Classification: Classified
Date of Evaluation:	Program/Location:
Evaluation Period: _____ to _____	Evaluator:

Type of Evaluation: **Probationary:** 2 mo. 5 mo. Annual Special

INSTRUCTIONS:

Give your evaluation as to how this employee has performed relative to each factor listed. Concentrate on one factor at a time and circle the appropriate rating. Use the comments and suggestions section to explain or qualify your rating.

Rating Scale: 1 – Unsatisfactory; 2 – Needs Improvement; 3 – Satisfactory; 4 – Strong; 5 – Outstanding; N/A - Not Applicable

EVALUATION AREA	RATING	COMMENTS & SUGGESTIONS
1. QUALITY OF WORK		
A. Knowledge of Job Responsibilities	1 2 3 4 5 N/A	
B. Accuracy and Acceptability of Work	1 2 3 4 5 N/A	
C. Communicative Skills: Oral	1 2 3 4 5 N/A	
Written	1 2 3 4 5 N/A	
D. Thoroughness of Work	1 2 3 4 5 N/A	
E. Record keeping (Timeliness and Accuracy of Records and Data Collection)	1 2 3 4 5 N/A	
F. Community Relations (Positive Relations with Outside Agencies, School Districts, and other ROPs)	1 2 3 4 5 N/A	
G. Volume of Work (As Related to Job Requirements)	1 2 3 4 5 N/A	
H. Plans and Organizes Workload Effectively	1 2 3 4 5 N/A	
I. Follows Schedules	1 2 3 4 5 N/A	
2. WORK HABITS AND ATTITUDE		
A. Enthusiasm	1 2 3 4 5 N/A	
B. Ability to Work Independently (as required)	1 2 3 4 5 N/A	
C. Adherence to ESGVROP/TC Policies and Procedures	1 2 3 4 5 N/A	
D. Knowledge and Practice of Safety Rules	1 2 3 4 5 N/A	
E. Maintains a Tidy, Efficient Work Area	1 2 3 4 5 N/A	
F. Willing and Able to Cross-Train Others	1 2 3 4 5 N/A	
3. PERSONAL CHARACTERISTICS		
A. Dependable	1 2 3 4 5 N/A	
B. Punctual	1 2 3 4 5 N/A	
C. Adaptability	1 2 3 4 5 N/A	
D. Accepts Direction	1 2 3 4 5 N/A	
E. Professional Appearance	1 2 3 4 5 N/A	
F. Inter-Personal Relationships (Effectiveness in Working with Supervisors, Other Employees, Students, Public)	1 2 3 4 5 N/A	
G. Professional Development	1 2 3 4 5 N/A	
H. Training of Subordinates	1 2 3 4 5 N/A	
I. Decision Making	1 2 3 4 5 N/A	

1. **What are the employee's area(s) of greatest strength? Specify examples of outstanding performance and qualities, which should be maintained and continued.**

2. **In what area(s) does the employee need to improve performance and what steps should be taken by the employee to improve performance? (Give specific examples)**

3. **Additional comments:**

OVERALL PERFORMANCE RATING

The overall rating must be consistent with factor ratings, comments, and the follow-up conference. There is no formula in computing the overall rating and it need not be an average of the performance factors.
(Rating Scale: 1 – Unsatisfactory; 2 – Needs Improvement; 3 – Satisfactory; 4 – Strong; 5 – Outstanding)

OVERALL RATING:

(Complete for Probationary Employees Only) It is recommended that this employee:

Continue Probationary Period Be granted Regular Status Not be granted Regular Status

Reason:

Employee's Signature: _____ Date: _____
(My signature indicates that I have discussed this evaluation with my Supervisor and have received a copy)

Employee's Comments:

Evaluator's Signature: _____ Date: _____

Date Received for filing in Personnel Department: _____

Distribution: Original Copy -Personnel Department; Copy 1-Supervisor; Copy 2 -Employee