

SAN DIEGO CITY SCHOOLS
Human Resource Services Division

CLASSIFIED SUBSTITUTE PERFORMANCE REPORT (NON-CLASSROOM)

SUBSTITUTE COMPLETES:

Name: _____	Telephone: _____
Employee I.D.: _____ (Required)	Substituted For: _____
School Site/Department: _____	Position: _____
	Date(s) of Assignment: _____

SITE ADMINISTRATOR COMPLETES:

(Use the following scale to indicate performance)

Scale 1 – Superior 2 – Effective 3 – Unsatisfactory 4 – Not observed

- | | |
|--|-------------------------------------|
| ___ Knowledge of modern office methods and procedures. | ___ Accepts Supervision |
| ___ Ability to organize and maintain clerical records | ___ Staff Relations |
| ___ Ability to work independently | ___ Use of good judgement |
| ___ Ability to use standard office software | ___ Grooming and general appearance |
| ___ Organizational Skills | |

COMMENTS: _____

OVERALL EVALUATION

- Superior Effective Unsatisfactory

AN UNSATISFACTORY EVALUATION Should be submitted within (10) school calendar days. If reasonably possible, a conference should be held between the administrator and the substitute prior to the placement of this evaluation into his/her personnel record.

DO NOT assign again to site Date of conference: _____

Signature of Administrator/Supervisor

Title

Date

Fax evaluations to: (619)686-6650
Attention: Substitute Management Unit

A copy of all superior and/or unsatisfactory evaluations will be sent to the substitute employee by HRSD.
lf 4/07