

PERFORMANCE EVALUATION REPORT

Classified Personnel - Supervisory

Use ink or
typewriter for
final markings.

Reference:
Procedure No. 4530

San Diego City Schools

| | | | | |
|----------------|--|-----------------|---|---------------|
| EMPLOYEE NAME | | EMPLID #. | COST CENTER NAME | COST CTR. NO. |
| POSITION TITLE | | EMPLOYEE STATUS | IF UNSCHEDULED REPORT CHECK HERE <input type="checkbox"/> | DUE DATE: |

| Unsatisfactory | Requires Improvement | Meets Standards | Immediate supervisor must check each category in appropriate column. | SECTION B Superior performance in any category should be described in detail. Check marks in "Unsatisfactory" or "Requires Improvement" must be supported with documentation. ATTACHMENTS ADDED YES <input type="checkbox"/> NO <input type="checkbox"/> |
|----------------|----------------------|-----------------|--|---|
| | | | 1 Planning and Organizing: Sets priorities, schedules and assigns work; defines assignments accurately and clearly. | |
| | | | 2 Communication Skills: Communicates well orally and in writing; effectively carries out verbal and written instructions. | |
| | | | 3 Leadership: Trains, motivates, develops, instructs and sets proper example. | |
| | | | 4 Productivity: Accomplishes required work completely and on time. | |
| | | | 5 Operational Economy: Exercises sound judgment and decisions. | |
| | | | 6 Supervisory Control: Exercises sound personnel management; promotes, supports, and carries out management program decisions. | |
| | | | 7 Additional Factor: | |

SECTION C
Employee was counseled on noted deficiencies: _____ (Dates) _____

SUMMARY EVALUATION: (Check One)

Unsatisfactory Requires Improvement Meets Standards

SECTION D
Goals and Objectives:

| | |
|--------------------|--------------------|
| RATER: | REVIEWER: |
| _____ Signature | _____ Signature |
| _____ Date | _____ Date |

My supervisor has discussed this report with me and given me a copy of this evaluation report. I understand my signature does not necessarily indicate agreement.

Comments:

Attachments Added: Yes No

Signature

Date

Performance Evaluation Report
Section B - Attachment
Date

Employee Name

Type text here.

My supervisor has discussed this report with me and given me a copy of this evaluation report. I understand my signature does not necessarily indicate agreement.

Employee Signature

Date

Rater Signature

Date

Reviewer Signature

Date