

Schoolcraft Community Schools

Support Staff Evaluation Form-Food Service Worker

Employee Name: _____

Evaluation date: _____

Position: _____

Evaluator: _____

Key: I: Ineffective | M: Minimally Effective | E: Effective | H: Highly Effective

Primary Indicators

1. _____ **Attitude Towards Others** - The employee displays a willingness to assist others and recognizes their position as a service to the students, staff, administration and community.

Comments:

2. _____ **Attitude Towards Work** - The employee is able to adjust to changing conditions and new situations. The employee is flexible and versatile and has the willingness to perform various types of assignments with equal effectiveness.

Comments:

3. _____ **Quality of Work** - Individual is able to organize, plan and control own work; keeping on top of work, keeping projects moving toward completeness. Duties are performed in an efficient, complete and timely manner. Neatness, accuracy, completeness and competence are evident. The employee paces himself/herself accordingly and constantly maintains quality standards, i.e. neatness and accuracy, time management (deadlines, self-pacing) and organization.

Comments:

Secondary Indicators

4. _____ **Attendance and Punctuality** - Employee is prompt and follows building and department attendance procedures.

Comments:

5. _____ **Appearance** - The employee's general appearance and work area is neat, clean and appropriate to the surroundings in which they work.

Comments:

6. _____ **Judgment/Confidentiality** - Employee makes sound decisions and exercises discretion as appropriate given the situation.

Comments:

7. _____ **Initiative** - Employee does not wait to be told or asked. The employee anticipates and responds accordingly. Duties are improved automatically because of sensitivity and an awareness of the need for change and improvement. Employee finds solutions to problems regardless of obstacles, is resourceful and uses analytical ability with minimal amount of direction required.

Comments:

8. _____ **Responsibility** - The employee has a sense of ownership to perform the job completely and in a timely manner. The employee demonstrates cost conscientiousness, dependability and the ability to follow through and accomplish a task.

Comments:

9. _____ **Knowledge of Work** - Employee has the skills, training and experience directly related to the performance of the job description. Regularly updates knowledge of job related concepts and/or skills. All necessary certificates, licenses and/or other requirements are on file and up to date.

Comments:

Departmental Review

1. – Prepare and serve nutritious and attractive meals for consumption in the school cafeteria for students and staff while maintaining all required safety, sanitation and cleanliness standards

A. _____ ability to independently and consistently apply all safety, sanitation and cleanliness standard as required by law

B. _____ ability to independently and consistently assist with meal production as directed

C. _____ ability to operate production equipment and dishwashing equipment following safety standards

D. _____ ability to consistently compile and maintain appropriate records and forms

Comments

2. - Maintains positive student and staff relationships while serving a nutritious meal in a timely fashion with an emphasis on customer service

A.____ supports all staff in maintaining an orderly, productive and safe lunch room

B.____ supports the Food Service Department and Custodial Department in the preparation and cleaning of the lunchroom as needed

C.____ ability to meet and service the needs of students and staff in a pleasant and appropriate manner

D.____ ability to work independently to assess situations in the lunchroom that may require immediate medical or discipline measures from the administrator or teacher

Comments

Overall Performance - Consider the qualities rated on this form and any other qualities the employee may possess which affect his/her contribution to the organization and in the completion of the requirements of the job.

Rating: _____

Strengths:

Areas for Improvement:

Specific development plan required? Yes | No

Area of focus _____

By signing this evaluation, the employee acknowledges the ratings and required development plan as appropriate.

Supervisor Signature _____

Date _____

Employee Signature _____

Date _____

CC Personnel File