

**ALASKA GATEWAY SCHOOL DISTRICT**

**CLASSIFIED EMPLOYEE EVALUATION**

NAME			Social Security Number						Conference Date	
Position			Department and Location						School Year	
Type of Evaluation										
Annual			Were job functions and duties discussed between employee and supervisor?							
3 Months										
<b>Performance Assessment</b>			ASSESSMENT: Evaluate the Employee's performance of assigned duties. Indicate your assessment of this employee below:							
<b>P - PROFICIENT</b>			NOTE: Any areas noted "I" (Plan for Improvement) must be explained in the plan for Improvement section on Page 2.							
<b>I - PLAN FOR IMPROVEMENT</b> See Comments										
<b>NA - NOT APPLICABLE</b>										

PERFORMANCE OF DUTY	(check one)		
	P	I	NA
a. Knowledge of Job Fundamentals			
b. Technical skills			
c. Quality of Work			
d. Quantity of Work			
e. Planning and Organization			
f. Communication skills			
g. Interaction with Students			
h. Interaction with Staff			
i. Acceptance of Supervision			

BEARING AND BEHAVIOR	(check one)		
	P	I	NA
a. Behavior			
b. Interpersonal Relationships			
c. Personal Grooming			
d. Consideration of Others			
e. Attitude Towards Job			

RESPONSIBILITY	(check one)		
	P	I	NA
a. Initiative/ Self Motivation			
b. Assumption of Responsibility			
c. Resourcefulness			
d. Commitment to Job			

WORK HABITS	(check one)		
	P	I	NA
a. Use of time			
b. Decision Making/ Problem Solving			
c. Observance of Rules/ Regulations			
d. Dependability			
e. Attendance			
f. Punctuality			
g. Work Area Neatness			
h. Safety			

EQUIPMENT/SUPPLIES	(check one)		
	P	I	NA
a. Operation Care of Equipment/Property			
b. Safe use of Equipment			

**COMMENDATIONS (Areas of Strength and High Performance Levels)**


Use additional sheets if necessary.

**RECOMMENDATIONS (Goals, New Directions, Enhancement of Positive Performance)**


**PLANS FOR IMPROVEMENT** Areas in which significant improvement must occur within a designated time period.  
Relates to areas marked "I" as well as other specified areas.)


Use additional sheets if necessary.

**SIGNATURES:** Employee's signature does not mean agreement with the content of the evaluation; however, the signature does acknowledge receipt of the evaluation.

<b>Employee's Signature</b>	Concur with Evaluation <input type="checkbox"/> Disagree with Evaluation <input type="checkbox"/>	<b>Date</b>
	If there is a disagreement, comments by employee are encouraged. (Attach separate pages as necessary.)	
<b>Evaluator's Signature</b>	<b>Title</b>	<b>Date</b>

<b>I recommend retention of this employee.</b> _____	<b>I do not recommend retention of this employee.</b> _____
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<b>Evaluator's Supervisor (If Division Policy Requires)</b>	<b>Title</b>	<b>Date</b>