

APPENDIX B
 ORANGE UNIFIED SCHOOL DISTRICT
Performance Evaluation Classified Personnel

Rater's ID#: _____
 Employee's ID#: _____
 PC#: _____

NAME: _____
 WORK LOCATION: _____

CLASS/PROGRAM: _____
 FROM: _____

TO: _____

| <input type="checkbox"/> 5 Month Evaluation <input type="checkbox"/> 11 Month Evaluation <input type="checkbox"/> Annual Evaluation | MEETS DISTRICT STANDARDS | NEEDS IMPROVEMENT | UNSATISFACTORY |
|---|--------------------------|-------------------|----------------|
| 1. QUANTITY OF WORK | | | |
| a. Amount of work performed | | | |
| b. Completion of work on schedule | | | |
| 2. QUALITY OF WORK | | | |
| a. Accuracy | | | |
| b. Neatness of work product | | | |
| c. Thoroughness | | | |
| d. Oral expression | | | |
| e. Written expression | | | |
| 3. WORK HABITS | | | |
| a. Observance of work hours | | | |
| b. Attendance | | | |
| c. Observance of rules/regulations | | | |
| d. Compliance with work instructions | | | |
| e. Orderliness or work | | | |
| f. Application of duties | | | |
| 4. PERSONAL RELATIONS | | | |
| a. Getting along with peers | | | |
| b. Meeting and handling the public | | | |
| c. Personal appearance | | | |
| d. Attitude | | | |
| 5. ADAPTABILITY | | | |
| a. Performance in new situations | | | |
| b. Performance in emergencies | | | |
| c. Performance with minimum instruction | | | |
| 6. BASIC SKILLS (when applicable) | | | |
| a. Reading | | | |
| b. Computation | | | |
| c. Spelling | | | |
| d. Job understanding | | | |
| e. Rapport with students | | | |

OVERALL PERFORMANCE SUMMARY

MEETS DISTRICT STANDARDS
 NEEDS IMPROVEMENT
 UNSATISFACTORY
 If employee is probationary, it is recommended this employee be granted permanent status:
 Yes No

Comments: _____

EMPLOYEE STATEMENT: *I acknowledge that I have seen the above evaluation and have discussed it. I understand that my signature does not necessarily mean that I agree with this evaluation but that I acknowledge receipt of a copy.*
 Agree Disagree

Employee's Signature _____ Date _____

Rater's Signature and Title _____ Date _____

Reviewer's Signature and Title _____ Date _____

EMPLOYEE'S COMMENTS: _____

Distribution of Copies: ___ Personnel ___ Evaluator ___ Employee