

PITT COUNTY SCHOOLS
CLASSIFIED EMPLOYEE EVALUATION FORM

(this evaluation used for: cafeteria, clerical, custodial, garage, maintenance, and ISST.)

Employee: _____
SSN: _____
Date of Evaluation: _____
Period Covered: _____

Job Title: _____
Evaluator: _____
School: _____

Please check the appropriate Column

Evaluation Elements

Above Standard	At Standard	Below Standard
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I. Knowledge of the Job

- a. Knowledge of what to do and how to do ----- ----- -----
- b. Ability to organize and schedule work load ----- ----- -----
- c. Knowledge of overall goal of department ----- ----- -----

II. Work Habits

- a. Ability to work without constant supervision ----- ----- -----
- b. Quantity of work ----- ----- -----
- c. Care of equipment ----- ----- -----
- d. Observation of rules & procedures ----- ----- -----
- e. Safety ----- ----- -----
- f. Conduct on the job ----- ----- -----
- g. Promptness in reporting to work/leaving on time ----- ----- -----
- h. Observance of time limits ----- ----- -----

III. Quality of Work

- a. Follows job description in completing work tasks ----- ----- -----
- b. Completes work on time ----- ----- -----
- c. Produces acceptable completed work ----- ----- -----

IV. Dependability

- a. Consistency of performance ----- ----- -----
- b. Ability to work under pressure ----- ----- -----
- c. Reliability ----- ----- -----