HOT SPRINGS SCHOOL DISTRICT

CLASSIFIED
EVALUATION
PLAN

All Hot Springs School District classified employees will be evaluated at least annually by their immediate supervisors.

Building Principals will evaluate all classified staff in their buildings.

Director of Child Nutrition will evaluate Child Nutrition Managers on each campus.

Director of Maintenance & Transportation/or designee will evaluate all of the District employees not located in a specific building.

EVALUATION REVISION COMMITTEE MEMBERS

Chucke White Brenda Seiz
Carolyn Smith LaDell Looper
Carolyn Thacker Vicki Bulfone
Pat Moore Ted Nobles

HOT SPRINGS SCHOOL DISTRICT CLASSIFIED EVALUATION FORM

Етр	oloyee Name:	School Ye	School Year: Assignment:			
Posi	ition:	Assignm				
I.		PERFORMANCE CRITERIA Information and understanding of	job requirements			
	☐ Meets Expectations	☐ Needs Improvement	Unacceptable			
	 Possesses, maintai Demonstrates prof Demonstrates the a 	ins and demonstrates competence in assigned field ficiency in the proper use of methods, materials and equipment ability to understand, interpret and follow plans and/or instruc- ficiency in the proper application of rules, regulations and code	tions			
II.	Initiative: Self-motivated to achieve job expectations					
	☐ Meets Expectations	☐ Needs Improvement	☐ Unacceptable			
	 Works independently within reasonable guidelines Is able to assess tasks needed to complete objectives Contributes information thoughtfully Actively looks for ways to improve the work environment Willingly helps others 					
III.	Adaptability: Ability to adjust to new assignments or working conditions					
	☐ Meets Expectations	☐ Needs Improvement	☐ Unacceptable			
	Strives to learn nevInteracts well with	ibility in accepting work assignments w skills and/or information pertinent to job assignment a variety of colleagues emergency and/or temporary demands				
IV.	<u>Dependability:</u> Degree to which employee can be depended upon to complete tasks					
	☐ Meets Expectations	☐ Needs Improvement	☐ Unacceptable			
	Completes tasks inFollows directionsRequires minimal					

Supports fellow employees in the fulfillment of their assignments

V.	<u>Interpersonal Skills:</u> Cooperative, considerate, tactful, understand instructions, communicates with others effectively					
	☐ Meets H	Expectations	☐ Nee	ds Improvement	☐ Unacceptable	
	:	Interacts and works we Works to improve mora Supports a "team player Communicates clearly,	lle r" environment tactfully and appropr	iately with others e, demeanor and appearance		
VI.	Safety: Attention to safety standards for self/others/district					
	☐ Meets Ex	kpectations	☐ Nee	ds Improvement	☐ Unacceptable	
	 Employs procedures, rules, codes and/or ordinances prescribed by district, state and local entities Follows safe and acceptable practices when utilizing equipment, materials, vehicles and/or tools Is observant to the well being and safety of others at all times 					
VII.	Attendance and Punctuality: Maintains prompt and timely attendance and fulfillment of responsibility					
	☐ Meets Ex	xpectations	☐ Nee	ds Improvement	☐ Unacceptable	
	i	Adheres to assigned wo Demonstrates proper us Maintains punctuality a Gives supervisor reason	se of leave and is ready to work o			
VIII	. Qualit	<u>ty of Work:</u> A	Accuracy, the	oroughness and e	effectiveness of work	
	☐ Meets Ex	xpectations	□ Nee	ds Improvement	☐ Unacceptable	
	 Performs work in accordance with generally accepted professional standards Assignments are completed The employee asks for help and/or advice from fellow employees and/or supervisor when needed 					
Need	ds Impro	vement and Un	nacceptable	categories both r	equire written	
expla	anations	to employee us	sing Form C	L-EVAL-2.		
Com	ments: _					
	atee's Sign	ature		Evaluator's Signatu	ıre Date	

 $^{^*}Both\ signatures\ are\ required.\ Signing\ of\ this\ instrument\ acknowledges\ participation\ in\ but\ not\ necessarily\ concurrence\ with\ the\ evaluation.$

HOT SPRINGS SCHOOL DISTRICT CLASSIFIED EVALUATION PLAN

Employee Name: Position:			School Year:		
			Assignment:		
I.	List Unacceptable of identified:	or Needs Imp	provement Category with specific	area	
II.	Identify assistance	provided by	evaluator:		
III.	Date to re-evaluate	to determin	e if improvement has been made Date:		
 Evalu	atee's Signature		Evaluator's Signature		