

**Custodian/Maintenance Performance Evaluation
AUGUSTA SCHOOL DEPARTMENT**

Employee Name:

School:

Evaluation Completed By: Jon Stonier, Director of Buildings & Grounds **Date Evaluated:**

Check One: **Annual Evaluation** or **Six-Month Evaluation**

Instructions: Complete all sections of this evaluation form. Be sure to include comments and specific examples to back up your ratings. Do not feel restricted by the space available on this form; additional comments may be continued on the reverse side of this form.

What were the major job responsibilities of the employee during the evaluation period?

<i>How would you rate the employee's</i>	<i>Ineffective</i>	<i>Developing</i>	<i>Effective</i>	<i>Exceeds</i>
1 Job Knowledge: Employee knows the assigned tasks				
2 Competence: Employee performs the responsibilities of the position				
3 Initiative: Employee is a self-starter; and looks for better ways to do the job and improve results				
4 Judgement: Employee can be counted upon to make appropriate judgements				
5 Cooperation: Employee functions collaboratively as a team member				
6 Public Relations: Employee responds appropriately as a representative of the school when dealing with staff, students, and the public				
7a Public Image: Employee's appearance is appropriate to the position				
7b Employee's work area is organized and presents a professional image				
8a Dependability: Employee can be counted on to fulfill job requirements (including on-call status)				
8b Employee meets known deadlines				
8c Employee speaks well of coworkers within the department, treats others with dignity, and respects the privacy of others				
9 Quality of Work: Employee's work meets the job description expectations				
10 What are employee's strengths?	11 What improvements can employee make (if any)?			
A.	A.			
B.	B.			
C.	C.			

Note: The employee's signature on this form represents neither acceptance nor approval of the report. It does, however, indicate that the employee has reviewed the report with the evaluator and may reply in writing. The signature of the evaluator verifies that the report has been reviewed and that the proper process has been followed according to policy.

Employee Signature:

Date

Evaluator Signature:

Date

