San Diego Unified School District
Custodial Services

RELIEF CUSTODIAN/SUBSTITUTE CUSTODIAN EVALUATION FORM

Relief or SubCustodian Name:_____Wearing Badge: Yes No
Dates Assigned:_____ School/Site:_____
Absentee Name:_____ Hours Worked:_____

1. **OBSERVANCE OF WORK HOURS**: Acceptable Unacceptable
   Remarks:_____

2. **SECURITY**: Acceptable Unacceptable
   Remarks:_____

3. **WORK PERFORMANCE**: (Grading System - 1 2 3 4 5 - Excellent)
   NOTE: Grades 1 or 2 **MUST** be supported in Remarks line

   a. QUALITY OF WORK: _____Rating

   b. COMPLETION OF ASSIGNED DUTIES: _____Rating

4. **LIST EMPLOYEE'S STRENGTHS AND/OR WEAKNESSES**:

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Name of Supervisor (Please Print) **Signature** **Date**

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