

**PERFORMANCE EVALUATION REPORT**

Classified Personnel - except  
supervisory and paraprofessional  
San Diego Unified School District

**Reference:**  
Procedure No. 7520

EMPLOYEE NAME		EMPLID #	COST CENTER NAME		COST CTR. NO.
POSITION TITLE		EMPLOYEE STATUS	IF UNSCHEDULED REPORT CHECK HERE <input type="checkbox"/>	DUE DATE:	

SECTION A	Unsatisfactory	Requires Improvement	Meets Standards	Exceeds Standards	Immediate supervisor must check each category in appropriate column.	<p><b>SECTION B</b> "Exceeds Standards" in any category should be described in detail and supported with documentation. "Unsatisfactory" or "Requires Improvement" in any category <b>must be</b> supported with documentation.</p>
					<b>1 Observance of Work Hours:</b> Dependable and punctual attendance.	<p>ATTACHMENTS ADDED YES <input type="checkbox"/> NO <input type="checkbox"/></p>
					<b>2 Productivity/Quality of Work:</b> Completes an acceptable level of quality work.	
					<b>3 Job Skill Level:</b> Demonstrates required skills	
					<b>4 Communication Skills:</b> Communicates well orally and in writing; effectively carries out verbal and written instructions.	
					<b>5 Working Relationships:</b> Works with and relates to others effectively.	
					<b>6 Adaptability/Flexibility:</b> Accepts change; works effectively under stress; responds to varying needs.	
					<b>7 Observance of Safety/Health Standards:</b> Demonstrates knowledge of district safety/health/sanitary procedures.	

**SECTION C**  
Employee was counseled on noted deficiencies: \_\_\_\_\_ (Dates) \_\_\_\_\_

**SUMMARY EVALUATION:** (Check One)

Unsatisfactory       Requires Improvement       Meets Standards       Exceeds Standards

**SECTION D**  
Goals and Objectives:

**RATER:** \_\_\_\_\_ **REVIEWER:** \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

My supervisor has discussed this report with me and given me a copy of this evaluation report. I understand my signature does not necessarily indicate agreement.

Comments:

Attachments Added: Yes  No

Signature \_\_\_\_\_ Date \_\_\_\_\_

Performance Evaluation Report  
Section B - Attachment  
Date

Employee Name

Type text here.

My supervisor has discussed this report with me and given me a copy of this evaluation report. I understand my signature does not necessarily indicate agreement.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Rater Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Reviewer Signature

\_\_\_\_\_  
Date