**PERFORMANCE EVALUATION REPORT**

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

<table>
<thead>
<tr>
<th>SECTION A</th>
<th>Un satisfactory</th>
<th>Requires Improvement</th>
<th>Meets Standards</th>
<th>Exceeds Standards</th>
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<td>Immediate supervisor must check each category in appropriate column.</td>
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**FACTOR CHECK LIST**

1. Observance of Work Hours:
   Dependable and punctual attendance.

2. Productivity/Quality of Work:
   Completes an acceptable level of quality work.

3. Job Skill Level:
   Demonstrates required skills

4. Communication Skills:
   Communicates well orally and in writing; effectively carries out verbal and written instructions.

5. Working Relationships:
   Works with and relates to others effectively.

6. Adaptability/Flexibility:
   Accepts change; works effectively under stress; responds to varying needs.

7. Observance of Safety/Health Standards:
   Demonstrates knowledge of district safety/health/sanitary procedures.

**SECTION B**

"Exceeds Standards" in any category should be described in detail and supported with documentation. "Unsatisfactory" or "Requires Improvement" in any category must be supported with documentation.

**ATTACHMENTS ADDED**  YES ☐  NO ☐

**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:**

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**REVIEWER:**

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<th>Signature</th>
<th>Date</th>
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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 ☐

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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