

**TEMPLE CITY UNIFIED SCHOOL DISTRICT
CLASSIFIED PERSONNEL PERFORMANCE REPORT (#105)**

Name: _____

Position: _____

Site: _____

Check appropriate Category: Probationary Employee Permanent Employee 3 months 6 months Unscheduled Evaluation Scheduled Evaluation Date: _____

JOB RATING NEED ONLY BE GIVEN FOR MAJOR AREAS UNLESS SPECIFIC COMMENT IS NEEDED FOR SUB-AREAS

PERFORMANCE DIMENSIONS	EXCEEDS STANDARDS	MEETS STANDARDS	REQUIRES IMPROVEMENT	UNSATISFACTORY
QUALITY OF WORK				
Neatness				
Accuracy				
Organization				
Meets Deadlines				
KNOWLEDGE OF WORK				
Information				
Skills				
Methods				
WORK CHARACTERISTICS				
Judgment				
Flexibility				
Initiative/Resourcefulness				
Oral Communication				
Discretion/Confidentiality				
Adaptability to Stress or Change				
Accepts responsibility				
Accepts direction				
WORKING RELATIONSHIPS				
Teamwork				
Courtesy				
Contacts with pupils				
Contacts with the public				
Contacts with employees				
DEPENDABILITY				
Attendance				
Punctuality				
PERSONAL QUALITIES				
Appropriate dress				
Attitude				
USE OF EQUIPMENT				
Operation				
Maintenance				
Skill				
Safety				
ADDITIONAL ITEMS FOR SUPERVISORS				
Leadership				
Training/Instructions				
Evaluating				

Name:

**TEMPLE CITY UNIFIED SCHOOL DISTRICT
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SUMMARY RATING

- Exceeds Standards
- Meets Standards
- Requires Improvement*
- Unsatisfactory*
(*Attach Improvement Program)

PROBATIONARY EMPLOYEES ONLY

- This employee is not eligible for permanent status at this time.
- I DO recommend this employee be granted permanent status
- I DO NOT recommend this employee be granted permanent status.

JOB PERFORMANCE STRENGTHS AND EXCEPTIONAL PERFORMANCE:

JOB DEFICIENCIES OR BEHAVIORS THAT REQUIRE IMPROVEMENT OR CORRECTION:

RECORD SPECIFIC GOALS FOR PROFESSIONAL GROWTH TO BE UNDERTAKEN DURING THE NEXT EVALUATION PERIOD:

I have received and read a copy of the foregoing report and have had an opportunity to discuss it with my supervisor. My signature does not necessarily mean I agree with the evaluation. This evaluation will be placed in my personnel file.

_____ Signature of Employee	_____ Title	_____ Date
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_____ Signature of Supervisor	_____ Title	_____ Date
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_____ Signature of Personnel Office	_____ Title	_____ Date
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____ I disagree with this evaluation and intend to respond in writing. I will submit a written statement within ten (10) days to be attached to this form.

____ I request a review of this evaluation by the next-level administrator.

**TEMPLE CITY UNIFIED SCHOOL DISTRICT
CLASSIFIED PERSONNEL IMPROVEMENT PROGRAM**

I. Specific work performance deficiencies or job behavior requiring improvement or correction.

II. Record progress achieved in attaining previously set goals or improvement programs.

III. Record specific goals or improvement programs to be undertaken during the next evaluation period.

Signature of Employee

Title

Date

Signature of Supervisor

Title

Date