

**Anaheim Union High School District  
Classified Personnel – Performance Evaluation Form**

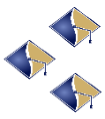
|                |  |                         |
|----------------|--|-------------------------|
| Employee Name: | Employee Status:<br>Permanent: <input type="checkbox"/> Probationary: <input type="checkbox"/> | School Site/Department: |
|----------------|--|-------------------------|

|                 |   |
|-----------------|---|
| Employee Title: | Check here if this is an unscheduled evaluation: <input type="checkbox"/> |
|-----------------|---|

|                                       | Not Satisfactory         | Requires Improvement     | Effectively Meets Standards | Exceeds Standards        | Not Applicable           | SECTION A – Evaluation factor checklist: | Notes (optional):                             |
|---------------------------------------|--------------------------|--------------------------|-----------------------------|--------------------------|--------------------------|--|---|
| <input type="checkbox"/>              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/> | 1. Observance of Work Hours              |   |
| <input type="checkbox"/>              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/> | 2. Attendance                            |   |
| <input type="checkbox"/>              | <input type="checkbox"/> | <input type="checkbox"/> |                             | <input type="checkbox"/> | <input type="checkbox"/> | 3. Grooming and Dress                    |   |
| <input type="checkbox"/>              | <input type="checkbox"/> | <input type="checkbox"/> |                             | <input type="checkbox"/> | <input type="checkbox"/> | 4. Compliance with Rules                 |   |
| <input type="checkbox"/>              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/> | 5. Safety Practices                      |   |
| <input type="checkbox"/>              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/> | 6. Public Contacts                       |   |
| <input type="checkbox"/>              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/> | 7. Pupil Contacts                        |   |
| <input type="checkbox"/>              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/> | 8. Employee Contacts                     |   |
| <input type="checkbox"/>              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/> | 9. Knowledge of Work                     |   |
| <input type="checkbox"/>              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/> | 10. Work Judgments                       |   |
| <input type="checkbox"/>              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/> | 11. Planning and Organization            |   |
| <input type="checkbox"/>              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/> | 12. Job Skill Level                      |   |
| <input type="checkbox"/>              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/> | 13. Quality of Work                      |   |
| <input type="checkbox"/>              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/> | 14. Volume of Acceptable Work            |   |
| <input type="checkbox"/>              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/> | 15. Meeting Deadlines                    |   |
| <input type="checkbox"/>              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/> | 16. Accepts Responsibility               |   |
| <input type="checkbox"/>              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/> | 17. Accepts Direction                    |   |
| <input type="checkbox"/>              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/> | 18. Accepts Change                       |   |
| <input type="checkbox"/>              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/> | 19. Effectiveness Under Stress           |   |
| <input type="checkbox"/>              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/> | 20. Work Coordination                    |   |
| <input type="checkbox"/>              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/> | 21. Operation/Care of Equipment          |   |
| <input type="checkbox"/>              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/> | 22. Initiative                           |   |
| <b>FACTORS FOR MANAGERS ONLY:</b>     |                          |                          |                             |                          |                          | <b>EVALUATION SUMMARY:</b>               |   |
| <input type="checkbox"/>              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/> | 23. Planning and Organizing              | <input type="checkbox"/> Not Satisfactory     |
| <input type="checkbox"/>              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/> | 24. Scheduling and Coordinating          | <input type="checkbox"/> Requires Improvement |
| <input type="checkbox"/>              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/> | 25. On the Job Training                  | <input type="checkbox"/> Meets Standards      |
| <input type="checkbox"/>              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/> | 26. Productivity                         | <input type="checkbox"/> Exceeds Standards    |
| <input type="checkbox"/>              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/> | 27. Evaluating Subordinates              | Comments:                                     |
| <input type="checkbox"/>              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/> | 28. Judgments and Decisions              |   |
| <input type="checkbox"/>              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/> | 29. Leadership                           |   |
| <input type="checkbox"/>              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/> | 30. Operational Economy                  |   |
| <input type="checkbox"/>              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/> | 31. Supervision                          |   |
| <b>ADDITIONAL FACTORS (Optional):</b> |                          |                          |                             |                          |                          |  |   |
| <input type="checkbox"/>              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/> |  |   |
| <input type="checkbox"/>              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/> |  |   |
| <input type="checkbox"/>              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/> |  |   |
| <input type="checkbox"/>              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/> |  |   |

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\*Please return with signature to HR – Classified (Dept. #5), or by fax to (714) 220-4502\*



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**SECTION B – Record job STRENGTHS and superior performance:**

**SECTION C – Record PROGRESS achieved in attaining previously set goals for improved work performance:**

**SECTION D – Specify work performance DEFICIENCIES or job behavior requiring correction or improvement:**

**SECTION E – Record specific GOALS or improvement programs to be undertaken during the next evaluation period:**

|  |   |
|--|---|
| <b>Rater Name:</b>   | <b>Rater Title:</b>   |
| <b>Rater Signature:</b>  | <b>Date:</b>  |
| <b>Reviewer Name:</b>  | <b>Reviewer Title:</b>  |
| <b>Reviewer Signature:</b>   | <b>Date:</b>  |
| <b>Employee:</b> <i>By signing below you acknowledge only that this evaluation has been reviewed with you. Your signature does not indicate agreement with the contents of the evaluation.</i> |   |
| A response to this evaluation has been submitted: <input type="checkbox"/><br>A response will be submitted within two weeks of today: <input type="checkbox"/>                                 | No response will be submitted regarding this evaluation: <input type="checkbox"/> |
| <b>Employee Name:</b>  | <b>Employee Title:</b>  |
| <b>Employee Signature:</b>   | <b>Date:</b>  |

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