

Holmes County Consolidated School District

Performance Evaluation (Non-certified)

| Name | Position/Title | | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|----------------------------------|-------------------|--------------|--|
| Evaluation Type: | Self-Evaluation | Fall | Spring | | |
| Location/DepartmentSupervisor or Principal | | | | | |
| established for the pos | ould be conducted on the sition held by the employ lescribes the employee's | yee. Consider each cl | | - | |
| NEVER 0 | SELDOM 1 | OCCASIONALLY 2 | OFTEN 3 | ALWAYS 4 | |
| WORK OUTPUT AND Accomplished assigne TECHNICAL COMPE | OORGANIZATION d work of a specified quali | ACTORS ty with a specified time | in logical steps. | RATING | |
| CONSERVATION OF | s and knowledge in the per RESOURCES cient use of resources such as elec- | <u> </u> | | | |
| Follows through with assigned tasks to completion. INITIATIVE Proceeds with work with minimal instruction or guidance. SAFETY | | | | | |
| Performs work in such a way that danger to self, to fellow workers and to school equipment and property is minimized. DECISION MAKING | | | | | |
| Selects a definite appropriate course of action from available alternatives. PROCEDURAL COMPETENCE Applies knowledge of school policies, procedures and contractual obligations in accomplishing assigned work. | | | | | |
| HUMAN RELATIONS Develops and maintains positive, interpersonal relationships with others in accomplishing assigned work. PUBLIC RELATIONS | | | | | |
| Projects a positive pub COMMUNICATIONS Transfers thoughts, ide | | others by speech or in v | vriting. | | |
| LEADERSHIP Motivates others to accomplish work. PUNCTUALITY Practice of being prompt for prescribed schedule of working hours. | | | | | |
| | pt for prescribed schedule | · · | | | |
| | | | | | |
| Signature of Supervisor | | | Date | | |
| Signature of Employe | 0 | | Data | | |

EMPLOYEE: By signing this evaluation of my performance, I certify that I have seen and understood it, but may not necessarily agree with the evaluation. I understand that I may submit an appeal of this rating in writing to my supervisor or principal within three (3) working days of the above date.