

NON-INSTRUCTIONAL EMPLOYEE PERFORMANCE APPRAISAL
(Supervisory)

DISTRICT GOALS

1. Continuous improvement of teaching and learning.
2. Continuous improvement of culture and climate.
3. Continuous improvement of organizational effectiveness.

PERFORMANCE APPRAISAL SCHEDULE

1. Initial review of the Performance Appraisal. Form must be done with the employee during the employee's orientation period.
2. 90-Day Performance Appraisal Review – must take place with new employees. Special assignments, special projects and personal employment goals can be established.
3. An Annual Performance Appraisal must be completed for each employee. Other appraisals can be conducted if it is determined by the supervisor that one is needed during a non-scheduled period. (Follow-up of performance issues from the most recently completed appraisal)

PROCEDURES

1. Carefully review employee job description, special assignments, special projects, and personal goals.
2. Provide above information to employee to review.
3. Individually, the employee and the supervisor should draft their responses to the entire Performance Appraisal. These responses should be based on the observed performance in relation to the employee's duties and responsibilities and performance expectations.

Special attention should be paid to clarifying the link between the employee's job and performance expectations to the organization's goals, values, objectives, and quality improvement efforts.
4. The employee and supervisor meet to share with one another their responses to the Performance Appraisal. The aim is to have an open and constructive discussion that leads to a clear understanding of the employee's past performance as well as future expectations and personal goal development.
5. Following the Feedback Session, the supervisor prepares the final form and shares it with the employee.

The supervisor signs the Performance Appraisal and gives it to the employee to sign. The supervisor ensures that the employee receives a copy for his/her records and sends the original copy to the Human Resources Department.

EMPLOYEE PERFORMANCE APPRAISAL (Supervisory)

Name: _____ Position: _____ Location: _____

Appraiser: _____ Date of Review: _____

Onset of employment (orientation review) _____

90-day review (Conclusion of probationary period) _____

Annual _____

Other appraisal period _____

Rate the employee using the following scale: (use current job description as part of reference)

1. Unacceptable – Consistently fails to meet job requirements; performance clearly below minimum requirements.
2. Needs Improvement – Occasionally fails to meet job requirements; performance must improve to meet expectations of position – corrective action required.
3. Meets Expectations – Able to perform 100% of job duties satisfactorily. Normal guidance and supervision are required.
4. Exceeds Expectations – Frequently exceeds job requirements; all planned objectives were achieved above the established standards and accomplishments were made in unexpected areas as well.
5. Superior – Consistently exceeds job requirements; this is the highest level of performance that can be attained.

SUPERVISORY FACTORS

1. Leadership

	1	2	3	4	5	
Consider how well the employee demonstrates effective supervisory abilities; gains respect and cooperation; inspires and motivates subordinates; directs work group toward common goal.						N/A

Comments _____

2. Delegation

	1	2	3	4	5	
How well does the employee demonstrate the ability to direct others in accomplishing work; effectively select and motivate staff; define assignments; oversee the work of subordinates?						N/A

Comments _____

3- **Planning and Organizing** 1 2 3 4 5 N/A
Consider how well the employee plans and organizes work; coordinates with others, and establishes appropriate priorities; anticipates future needs; carries out assignments effectively.

Comments _____

4- **Administration** 1 2 3 4 5 N/A
How well does the employee perform day-to-day administrative tasks; manage time; administer policies and implement procedures; maintain appropriate contact with supervisor and utilize funds, staff or equipment?

Comments _____

5- **Personnel Management** 1 2 3 4 5 N/A
Consider how well the employee serves as a role model; provides guidance and opportunities to their staff for their development and advancement; resolves work-related employee problems; assists subordinates in accomplishing their work-related objectives. Does the employee communicate well with subordinates in a clear, concise, accurate, and timely manner and make useful suggestions?

Comments _____

REVIEW OF SPECIAL ASSIGNMENTS/PROJECTS

All progress on special projects clearly established by the employee will be reviewed by the Supervisor. Special projects only have the capacity to add value to the employee's overall rating.

1. Summary of Special Projects (to be completed by employee)

All progress on special assignments clearly established by the employee's supervisor will be evaluated. (Evaluation of special assignments will be reflected in the overall five categories.)

2. Descriptive Special Assignment Summary

OVERALL PERFORMANCE

Please use this space to describe the overall performance rating. The overall rating should be a reflection of the traits and factors assessed.

		Point Range		
<input type="checkbox"/>	1	Unacceptable	16	& Below
<input type="checkbox"/>	2	Needs Improvement	17	- 18
<input type="checkbox"/>	3	Meets Expectation	19	- 21
<input type="checkbox"/>	4	Exceeds Expectation	22	- 23
<input type="checkbox"/>	5	Superior	24	- 25

Comments: _____

SIGNATURES

Rater: _____ Date: _____

Rater's Name (print): _____

EMPLOYEE:

I have been advised of my performance ratings. I have discussed the contents of this review with my supervisor. My signature does not necessarily imply agreement. My comments are as follows (optional) (attach additional sheets if necessary):

Comments (optional): _____

Signature: _____ Date: _____

Employee Improvement Plan

Employee Name: _____

Supervisor Name: _____

Department: _____

Date: _____

Improvement Objectives:

Procedures:

Resources needed:

Appraisal Methods and Timelines:

Employee's Signature: _____

Date: _____

Supervisor's Signature: _____

Final Review and Comment/Documentation Presented:

Employee's Signature: _____

Date: _____

Supervisor's Signature: _____

EMPLOYEE GOAL DEVELOPMENT
(Submit at least 1 Goal)

1. **Description of Goal**

2. **Means of Measurement**

3. **Impact on Current Position**
