

<h1 style="margin: 0;">North Powder School District 8J</h1>
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Code: **GDN-AR**  
 Adopted: 12/19/06; 8/23/16  
 Orig. Code(s): GDN-AR

## Evaluation of Classified Staff

Employee \_\_\_\_\_ Department \_\_\_\_\_

Supervisor \_\_\_\_\_ Date of Evaluation \_\_\_\_\_

RATING SCALE      1 = Unsatisfactory      3 = Satisfactory  
                                  2 = Improvement Needed      4 = Outstanding

**RATING FACTORS**

**CIRCLE PROPER RATING**

- |   |   |   |   |   |
|---|---|---|---|---|
| 1. <b>Quality of work:</b> The ability to produce work that satisfies or surpasses job requirements. Consider accuracy, completeness, thoroughness, neatness of work. | 1 | 2 | 3 | 4 |
| 2. <b>Quality of work:</b> Volume or amount of work done.   | 1 | 2 | 3 | 4 |
| 3. <b>Knowledge:</b> Knowledge of methods, materials, objectives and other fundamental skills.  | 1 | 2 | 3 | 4 |
| 4. <b>Adaptability:</b> Ability to learn, do under changes and in emergencies, grasp detail, comprehend differences between important and trivial.                    | 1 | 2 | 3 | 4 |
| 5. <b>Work habits:</b> Organization of work, care of equipment, safety, industry.   | 1 | 2 | 3 | 4 |
| 6. <b>Working relationship with students and other employees:</b> Ability to get along with students and coworkers.   | 1 | 2 | 3 | 4 |
| 7. <b>Dependability:</b> Degree to which employee can be relied upon to do the job without close supervision. Punctuality, attendance on the job.                     | 1 | 2 | 3 | 4 |
| 8. <b>Loyalty:</b> Interest in work, willingness to meet job requirements and accept suggestions, loyalty to the organization, ethical conduct.                       | 1 | 2 | 3 | 4 |
| 9. <b>Personal fitness:</b> Physical capacity, appearance, personal habits.   | 1 | 2 | 3 | 4 |
| 10. <b>Judgment:</b> Soundness of decisions, common sense.  | 1 | 2 | 3 | 4 |
| <b>Overall rating:</b> Should reflect the average of the rating.  | 1 | 2 | 3 | 4 |

**COMMENTS**

1. What are the employee’s strengths? (MUST be completed for Outstanding ratings.)

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2. What are the employee’s weaknesses? (MUST be completed for Unsatisfactory and Improvement Needed ratings.)

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3. Additional comments.

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I have discussed this evaluation with the evaluator.

I certify this evaluation has been discussed with me. I understand my signature does not necessarily indicate agreement.

\_\_\_\_\_  
Employee’s Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Evaluator’s Signature

\_\_\_\_\_  
Date