

KINGSTON CITY SCHOOL DISTRICT
Kingston, New York 12401-3879

CSEA EVALUATION

Reason for Evaluation

- Annual
- Probationary
- Initial Evaluation
- Interim Evaluation
- Final Evaluation

- (E) Exceptional
(S) Satisfactory
(NI) Needs Improvement
(U) Unsatisfactory

Date of Evaluation: _____

NAME: _____ **TITLE:** _____

This evaluation of the above individual should indicate whether or not satisfactory job performance is shown with respect to the following characteristics:

Quantity:	(E)	(S)	(NI)	(U)
Consider volume of acceptable work				
Consider speed of accomplishment				
Focuses on work and building tasks				

Quality:	(E)	(S)	(NI)	(U)
Consider accuracy, thoroughness, cleanliness in work habits				
Shows pride in work (timely completion of assignments)				

Work Habits:	(E)	(S)	(NI)	(U)
Consider ability to organize				
Compliance with instructions				
Compliance with rules and regulations				
Follows Protocols				
Mixes chemicals properly				
Keeps slop sinks in order				

Dependability:	(E)	(S)	(NI)	(U)
Consider punctuality, absenteeism rate				

Relationship with Others:	(E)	(S)	(NI)	(U)
Consider ability to work with others				
Attitude toward fellow employees, staff & students				
Works as part of a team				

Acceptability:	(E)	(S)	(NI)	(U)
Consider willingness to learn				
Consider willingness to take on more difficult tasks				
Takes direction well				
Consider willingness to respond to non-routine situations				

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Supervisory Ability: (For Custodians & Head Custodians Only)	(E)	(S)	(NI)	(U)
Consider leadership & planning abilities				
Consider interpretation and implementation of policy & procedures				
Consider development of personnel				
Consider decision-making skills & use of staff				

Overall Evaluation:	(E)	(S)	(NI)	(U)

Comments:

Supervisor's Signature: _____

Date: _____

Building Administrator's Signature: _____

Date: _____

Title Employee's Signature: _____

Date: _____

(I understand my signature does not necessarily mean I agree with the above evaluation.)