

**ADAIR COUNTY SCHOOLS**  
**Evaluation Process**  
**Classified Employees**

**RATIONALE:**

All employees of the Adair County Board of Education are committed to the students by working cooperatively and effectively to achieve excellence.

**PROCEDURE:**

The Adair County School District has developed procedures for an annual evaluation for all classified personnel. While the overall purpose of the evaluation is to improve performance, the evaluation will also be the basis for decisions to re-employ or to change an assignment. Each evaluation shall be done by the immediate supervisor with input and approval of the building administrator.

All classified employees have the right to appeal any evaluation.

**TIMELINE:**

By August 30 of each school year, the principal or immediate supervisor shall review the evaluation instruments to be used in the evaluation process with each employee affected by the instruments. By April 15 of each school year, every classified employee shall have an evaluation completed on them by the principal or immediate supervisor. By May 15 of each year, the principal or immediate supervisor shall provide copies of the evaluation to the district personnel office.

**ADAIR COUNTY BOARD OF EDUCATION  
PERFORMANCE EVALUATION  
CLASSIFIED STAFF**

Name \_\_\_\_\_

Date \_\_\_\_\_

Dept./Location \_\_\_\_\_

Position \_\_\_\_\_

KEY: {S} Satisfactory {NI} Needs Improvement {U} Unsatisfactory {NA} Not Applicable

<b>SECTION I GENERAL PERFORMANCE</b>
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<u>ITEM</u>	<b>S</b>	<b>NI</b>	<b>U</b>	<b>NA</b>
1. Operates within established policy guidelines.				
2. Deals tactfully with students, co-workers, and public.				
3. Stays informed and looks for opportunities to develop greater job skills.				
4. Approaches assignments in a positive manner.				
5. Exhibits cooperation with co-workers.				
6. Listens to and accepts instructions.				
7. Is interested in and concerned about his/her work.				
8. Expresses ideas well orally and/or in writing.				
9. Discusses assignments and problems with supervisor (s).				
10. Is dependable.				

COMMENTS: \_\_\_\_\_

<b>SECTION II SPECIFIC JOB PERFORMANCE</b>
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<u>ITEM</u>	<b>S</b>	<b>NI</b>	<b>U</b>	<b>NA</b>
1. Completes work assignments according to job description.				
2. Meets deadlines when they exist.				
3. Does routine work without instructions and follows through to ensure job completion.				
4. Demonstrates care in use of supplies/equipment and uses proper equipment to accomplish task.				

**SECTION II (Cont.)    SPECIFIC JOB PERFORMANCE**

<u>ITEM</u>	<b>S</b>	<b>NI</b>	<b>U</b>	<b>NA</b>
5. Plans and organizes to accomplish work goals.				
6. Possesses technical knowledge/skill to handle job.				
7. Is innovative in solving difficult problems.				
8. Is capable of independent action.				
9. Works well as a team member.				
10. Shifts to new tasks when priorities change.				
11. Meets or exceeds quantity of work expected.				
12. Meets or exceeds quality of work expected.				
13. Is complete and thorough in paper work.				

COMMENTS: \_\_\_\_\_  
 \_\_\_\_\_

**SECTION III    PERSONAL SKILLS**

<u>ITEM</u>	<b>S</b>	<b>NI</b>	<b>U</b>	<b>NA</b>
1. Is punctual and regular in attendance.				
2. Uses sick and leave time appropriately.				
3. Maintains a neat appearance.				

COMMENTS: \_\_\_\_\_  
 \_\_\_\_\_

SUPERVISOR'S RECOMMENDATION: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

IMPROVEMENT PLAN ATTACHED      \_\_\_\_\_ Yes      \_\_\_\_\_ No

\_\_\_\_\_  
 SUPERVISOR SIGNATURE

\_\_\_\_\_  
 EMPLOYEE SIGNATURE

\_\_\_\_\_  
 DATE

\_\_\_\_\_  
 DATE

Signature of this form by the employee does not indicate agreement, but shows that interview has been held. If employee has desire to appeal contents of this evaluation, this may be accomplished in writing to the superintendent within ten (10) days of the date of the evaluation.

**ADAIR COUNTY BOARD OF EDUCATION**  
**REQUIRED CLASSIFIED IMPROVEMENT**

1. List the specific problem(s), item(s) or standard (s) that need improvement:

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2. The evaluator shall list specifically what job task or behavior the classified employee needs to change, do or improve:

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3. List specifically how the classified employee will attempt to improve:

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4. List specifically how the Principal/Evaluator will assist in the Improvement Plan:

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5. List the Time Line for the Plan:

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IMPROVEMENT PLAN IMPLEMENTED

IMPROVEMENT PLAN CONCLUDED

\_\_\_\_\_  
DATE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
EMPLOYEE

\_\_\_\_\_  
EMPLOYEE

\_\_\_\_\_  
EVALUATOR

\_\_\_\_\_  
EVALUATOR

\_\_\_\_\_  
Satisfactory  
\_\_\_\_\_  
Unsatisfactory