

**BOGALUSA CITY SCHOOL
EVALUATION FORM FOR CLERICAL/ADMINISTRATION ASSIST
PERSONNEL**

NAME: _____ POSITION: _____
LOCATION: _____

INSTRUCTIONS: This evaluation is for overall improvement of job performance and responsibilities. Please evaluate this employee by circling the appropriate answer to the corresponding statement. This evaluation **MUST BE SHARED** with the person being evaluated.

Code: NA- NOT APPLICABLE S- SATISFACTORY U- UNSATISFACTORY
 E- EXCELLENT N- NEEDS IMPROVEMENT

		(CHOOSE ONE)				
1. JOB PERFORMANCE		NA	E	S	N	U
A. Completes tasks in a timely manner		NA	E	S	N	U
B. Follows proper procedure when performing tasks		NA	E	S	N	U
C. Work area is organized and clean		NA	E	S	N	U
D. Achieves tasks without supervision, reliable		NA	E	S	N	U
E. Displays acceptable writing and speaking skills		NA	E	S	N	U
F. Performs such other duties as may be assigned		NA	E	S	N	U
2. DEPENDABILITY						
A. Reports to work on time		NA	E	S	N	U
B. Attends work regularly		NA	E	S	N	U
C. Uses time wisely		NA	E	S	N	U
3. PROFICIENCY IN THE USE OF NECESSARY EQUIPMENT		NA	E	S	N	U
4. RECORD KEEPING						
A. Organizes, files, and records necessary information		NA	E	S	N	U
B. Accurate in accepting and accounting for monies		NA	E	S	N	U
5. DECISION MAKING						
A. Independent in his/her judgment when required		NA	E	S	N	U
6. PERSONAL INFORMATION						
A. Accepts suggestions or criticism		NA	E	S	N	U
B. Courteous and tactful when communicating and working with others		NA	E	S	N	U
C. Available for any staff development		NA	E	S	N	U
D. Grooms and dresses appropriately		NA	E	S	N	U
E. Works as a Team Player with all levels of Staff		NA	E	S	N	U

Evaluator's Comments:

Employees Comments:

Employee Signature: _____ (Signature does not necessarily indicate agreement) _____ (Date)

Evaluator's Signature: _____ (Date)