

Consolidated School District of New Britain
Performance Evaluation
Non-Certified Non-Supervisory Staff

Employee Name: _____ Rating period from: _____ to _____

Position: _____ Location: _____

Rating type:

Bi-annual Probationary Follow-up Administrative concern Transfer/Promotion

Evaluator: _____ Co-evaluator: _____

A. Performance of duties and productivity	Exceeds Expectations	Meets Expectations	Needs Improvement	Unsatisfactory
A1. Knowledge of work				
A2. Accuracy of work				
A3. Quality of work				
A4. Organization of work				
A5. Efficient use of time and setting of priorities				
A6. Ability to meet deadlines				
A7. Adherence to work rules, policies and procedures				

B. Attitude and initiative	Exceeds Expectations	Meets Expectations	Needs Improvement	Unsatisfactory
B1. Completes work independently				
B2. Performs assigned work in a willing manner				
B3. Takes initiative in performing work				
B4. Is cooperative and pleasant				
B5. Willingly accepts additional work when necessary				
B6. Is flexible regarding unexpected situations or changes in priority				
B7. Communicates effectively				

Overall Evaluation: Based on the appraisal you have made on the previous factors, complete the following overall assessment of the employee’s job performance.

- Exceeds Expectations “Exceeds Expectations” rating on most elements; no rating below “Meets Expectations”.
- Meets Expectations “Meets Expectations” rating on most elements; no rating below “Meets Expectations”.
- Needs Improvement One or more “Needs Improvement” rating; no “Unsatisfactory” rating.
- Unsatisfactory One or more elements rated “Unsatisfactory”.

If a probationary employee, do you recommend that the employee’s employment be continued?
(If no, please contact the Talent Development Office immediately.)

- Yes No N/A - Not a probationary employee

Evaluator(s) comments: (Strengths, limitations, areas on which to focus, goals for the following year, etc.)

Signature of evaluator: _____ Date: _____

Signature of co-evaluator: _____ Date: _____

Reviewer comments:

Signature: _____ Date: _____

Employee comments:

Signature: _____ Date: _____

To employee being evaluated: your signature confirms that you have seen this report and discussed it with your supervisor. It does not indicate your agreement with or acceptance of the evaluation.

Return original to the Human Resources Department. Keep a copy of any evaluation containing an overall rating of “Needs Improvement” or “Unsatisfactory” in order to complete a follow-up evaluation.