RED CLAY CONSOLIDATED SCHOOL DISTRICT
Wilmington, Delaware
Classified Personnel Performance Report

NAME (last)	(first)	(initial)	DATE OF REPORT

___ Probationary

___ Annual

POSITION	WORK LOCATION	___ Special

Evaluations of unsatisfactory or needs improvement must be substantiated in comments section below.

U – Unsatisfactory - Does not meet job requirements. **S – Satisfactory** - Consistently meets job requirements.

N – Satisfactory – Needs improvement. **O – Outstanding** - More than meets job requirements.

PERFORMANCE FACTORS	AREAS OF PERFORMANCE TO BE CONSIDERED	U	N	S	O
1. Quality of Work:	Accuracy, skills, neatness, competence, knowledge of work, and thoroughness in performance of job requirements.				
2. Attendance:	Reporting to work regularly, on time, or provides proper notice when absence or lateness is unavoidable.				
3. Work Habits:	Organization of work, care of equipment, demonstrates pride in performance of work, and follows health and safety requirements with clothing and personal cleanliness appropriate to the work setting.				
4. Relationship With People:	Ability to get along with people and work cooperatively with other employees.				
5. Initiative:	Willingness to accept and carry out job responsibilities and ability to be a self-starter.				
6. Dependability:	Degree to which employee can be relied upon to assume responsibility, follow directions, and perform job requirements.				
7. Judgment and Common Sense:	Ability to assess work situations and proceed according to standard practices.				
8. Ability To Adjust To New Assignments:	Willingness to accept new assignments and time required to learn new duties.				
9. Supervisory Ability (If Applicable):	Proficiency in training subordinates, leadership, skills in planning, directing work, and evaluation.				

EVALUATOR'S COMMENTS:

___ I certify that the service of this employee has been satisfactory.

___ I certify that the service of this employee has been satisfactory but needs improvement.

___ I certify that the service of this employee has not been satisfactory.

I acknowledge this report has been reviewed by me.

_____ _____
Employee's Signature   Date

_____ _____
Signature of Evaluator   Title   Date

_____ _____
Signature of Reviewing Administrator   Title   Date