



School District of Okeechobee County
Annual Non-Instructional Employee Evaluation Form

Directions: This evaluation must be discussed with the employee and he/she must sign it acknowledging this interview and rating. Unsatisfactory evaluations must be documented by pertinent comments. Evaluations must be completed and on file no later than March 15th.

Evaluation of _____

Job Classification _____

School or Department _____

School Year _____

Performance Traits (and examples)
(Check one box for each trait.)

Exemplary

**Highly
Effective**

**Effective/
Satisfactory**

**Needs
Improvement**

Unsatisfactory

Initiative

Self-motivated; able to work independently; Takes action to meet work-related objectives; Demonstrates ability to learn new job-related objectives; Follows up on assigned tasks.

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Quality of Work

Performs assignments competently and timely; Work products are thorough, complete, and accurate; Follows written and oral directions; Performs work consistent with applicable policies and procedures.

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Productivity

Uses time and resources efficiently; Produces acceptable quantity of work; Meets deadlines and schedules; Handles multiple assignments and adjusts to accommodate changes in priorities; Plans and organizes effectively.

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Attendance

Complies with policies and procedures regarding usage of time and leave; Maintains scheduled work and break times; Reports absences for emergencies and illness, and requests leave, in a timely manner.

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Interpersonal Skills

Contributes to group performance; Supports organizational goals; Adapts to changed circumstances; Establishes and maintains effective working relationships; Interacts effectively with the public; Demonstrates effective communication.

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Job Knowledge

Demonstrates proper use of information, procedures, materials, equipment, techniques, and skills; Demonstrates working knowledge of job; Effective use of technology.

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Two or more indicators marked below Effective/Satisfactory results in a less than satisfactory overall evaluation.

Overall Evaluation

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Comments on Appraisal

Suggestions for Employee Development

Signatures

Principal/County Level Supervisor

Date

Employee

Date

*My signature does not necessarily imply agreement with the evaluation, but acknowledges that I have read it.
I also understand that I may submit a written reaction within ten (10) working days from the date of my signature.*

Copy to District Office, Employee, Principal/Supervisor