



**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 15<sup>th</sup>.

**Evaluation of** (type name of employee)

**Job Classification** (type job classification)

**School or Department** \_\_\_\_\_

**School Year** 2019-20

**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**

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**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