

**ST. JOHNS COUNTY SCHOOLS
SUPPORT PERSONNEL
EVALUATION FORM**

NAME _____

AREA OF ASSIGNMENT _____

SSN _____

SCHOOL _____

1 = Above expectation

DATE _____

2 = At expectation

3 = Below expectation - improvement required*

*Evaluator must state commendations if Block 1 is checked and recommend improvement if Block 3 is checked.

1	2	3		RECOMMENDED IMPROVEMENTS - COMMENDATIONS
			1. Support the goals of the school or department.	
			2. Is well informed on all phases of job.	
			3. Quality and quantity of work is acceptable.	
			4. Cooperates with staff/administration and coworkers.	
			5. Demonstrates initiative	
			6. Accepts responsibility.	
			7. Shows good judgment.	
			8. Dress and appearance is appropriate.	
			9. Regular in attendance and is punctual for assignments.	

GENERAL COMMENTS: _____

SIGNATURE OF SUPERVISOR

DATE

SIGNATURE OF EMPLOYEE

DATE

* Signature of employee indicates review of evaluation, not necessarily agreement with the evaluation.