

•ADAPTABILITY

| | | | |
|---|---|---|---|
| Is open to alternatives and suggestions – is flexible | 1 | 2 | 3 |
| Maintains composure in stressful situations | 1 | 2 | 3 |
| Demonstrates good judgment/makes reasonable decisions | 1 | 2 | 3 |

PROFESSIONAL RESPONSIBILITIES

| | | | |
|---|---|---|---|
| Keeps informed and adheres to policies and regulations applicable to the position | 1 | 2 | 3 |
| Willingly shares ideas and expertise with colleagues | 1 | 2 | 3 |
| Handles confidential/sensitive information appropriately | 1 | 2 | 3 |
| Performs other job related duties as assigned by the Supervisor of Transportation | 1 | 2 | 3 |
| Promptly and effectively responds to concerns and complaints | 1 | 2 | 3 |
| Supports school and district goals and policies | 1 | 2 | 3 |

OVERALL ANNUAL RATING (Summative) 1 2 3

(While the summative rating is based on an overall summary of all standards, a rating of 1 in any standard could result in an employee being placed on probation for improvement. If satisfactory improvement is not made within the specified time period, non-renewal or termination could result)

Self Improvement Goal for Next Year _____

*Evaluator Comments: (Required for #1 ratings)

This evaluation represents my best judgment of the employee’s performance. I hereby recommend:
 ___ Employee be retained as a Provisional Employee (Policy GDA)
 ___ Employee be retained as a Career Employee (Policy GDA)
 ___ Employee be retained as an At-Will or Temporary Employee (Policy GDA)
 ___ Employee be put on probation
 ___ Employee be terminated or non-renewed
 Signature of Principal/Supervisor/Designee _____ Date _____

This evaluation has been discussed with me and I have received a copy.

Signature of Employee _____ Date _____
(Employee's signature does not necessarily imply agreement or approval of the evaluation results)

Employee Comment: (Please indicate what you feel your supervisor can do to help you improve in your job performance – use another sheet if necessary)