

# NOVATO UNIFIED SCHOOL DISTRICT

# Classified Performance Appraisal Form

Check the appropriate box below to indicate the type of Performance Appraisal being conducted.

☐ 55th Day Probationary Appraisal
 ☐ 85th Day Probationary Appraisal  
☐ Promotional Probationary Appraisal
 ☐ Permanent Performance Appraisal

Employee's name (Last, First, MI)		School/Work Site
Position (Title)		
Date	Performance Period From                      To	Evaluator's Name and Title

The evaluator shall indicate the appropriate rating for each criteria. *Ratings of 2 or 3 in any criteria **must** be supported in the comments section or as an attachment; however, comments are encouraged in all areas.*

**RATING: 4-Meets or Exceeds Standards      3-Needs Improvement      2-Unsatisfactory      1-N/A**

<b><i>Evaluation Criteria</i></b>	<b><i>Rating</i></b>
1. Health and Safety Practices	
2. Knowledge of Work	
3. Judgment, Decision Making, and Dependability	
4. Planning and Organizing Work	
5. Quality and Accuracy of Work	
6. Communication	
7. Operation and Care of Equipment/Work Area	
8. Positive Interaction with Peers, Public, and Pupils	
9. Attendance/Punctuality	
10. Work Attitude	
11. Effective Use of Time/Meets Deadlines	
12. Initiative	
13. Skill Enhancement (Optional) (e.g. Participates In Workshops, Committees, Courses Or Self-Enhancement To Improve	

**Comments:**

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**OVERALL UNIT MEMBER RATING SUMMARY**

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- ☐ Performance meets or exceeds standards  
☐ Performance needs improvement  
☐ Performance unsatisfactory
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**EMPLOYMENT RECOMMENDATION:*****FOR PERMANENT UNIT MEMBER ONLY***

- ☐ Continue in current position  
☐ May continue on condition (If checked, an Improvement Plan is to be developed)

***FOR PROBATIONARY UNIT MEMBER ONLY***

- |  |   |
|--|---|
| <input type="checkbox"/> Continue in probationary status for 85th Day appraisal    | <input type="checkbox"/> Recommend Permanent Status               |
| <input type="checkbox"/> <b>Do not</b> recommend for continued probationary status | <input type="checkbox"/> <b>Do not</b> recommend Permanent Status |
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**COMMENTS BY EVALUATOR:**

Commendations:

Recommendations:

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**Comments by Unit Member:**

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**Signature of Evaluator**

**Date**

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**Signature of Unit Member**

**Date**

*The unit member's signature signifies awareness of content, not necessarily agreement. The unit member has the right to submit to the Human Resources Department a written response within ten (10) days which will be included with this evaluation and placed in the personnel file.*