**THE NEWARK PUBLIC SCHOOLS – DIVISION OF HUMAN RESOURCE SERVICES**

***EMPLOYEE PERFORMANCE EVALUATION FORM***

This form is designated to evaluate the performance of all **non-instructional, non-supervisory and supervisory** employees within the district. Please complete the shaded areas for supervisory staff.

**NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ EMPLOYEE ID NUMBER:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**TITLE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ LOCATION:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EVALUATION PERIOD FROM:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ TO:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**NAME OF EVALUATOR:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE OF EVALUATION:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SECTION I. WORK QUANTITY** Consider the output of work and the time to complete assignments.

**OUTSTANDING SATISFACTORY NEEDS UNSATISFACTORY**

**IMPROV.**

Volume of Work Produced □ □ □ □

Ability to Meet Deadlines □ □ □ □

Effective Use of Time □ □ □ □

*Rating* □ □ □ □

**SECTION II. WORK QUALITY** Consider the accuracy, thoroughness, and neatness of completed tasks.

Knowledge of Work and □ □ □ □

Equipment

Neatness and Presentation □ □ □ □

of Assignments

Degree of Errors □ □ □ □

Thoroughness of Assignments

*Rating* □ □ □ □

**Supervisory**

**Meet Work Demands Under Adversity** □ □ □ □

**Neatness and Presentation of Assignments**□ □ □ □

**Demonstrates Ability to Take Charge** □ □ □ □

**Demonstrates Original Thinking** □ □ □ □

**Takes Initiative in New Approaches** □ □ □ □

**Exercises Sound Judgment Even When** □ □ □ □

**Conditions are Uncertain and Unclear**

*Rating* □ □ □□

**SECTION III. WORK HABITS** Consider the ability to work with others, attendance habits, and responsiveness to organizational needs and concerns.

Attendance**\*** □ □ □ □

Punctuality**\*** □ □ □ □

Ability to Follow Directions □ □ □ □

Interaction with Co-Workers □ □ □ □

*Rating* □ □ □ □

**Supervisory**

**Attendance\*** □ □ □ □

**Punctuality\*** □ □ □ □

**Ability to Follow Directions** □ □ □ □

**Interaction with Subordinates** □ □ □ □

**Consistently Flexible to Meet Unplanned** □ □ □ □

**Events and Revised Work Schedules**

*Rating* □ □ □ □

**\***Please indicate the number of unexcused occasional absences and times tardy for the evaluation period below.

Total Number of Occasional Absences \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Times Tardy \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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EPEF/SEPEF**

**SECTION IV. INTERPERSONAL SKILLS** Consider attitude and responsiveness to constructive criticism.

**OUTSTANDING SATISFACTORY NEEDS UNSATISFACTORY**

**IMPROV.**

Initiative □ □ □ □

Attitude □ □ □ □

Dependability □ □ □ □

*Rating* □ □ □ □

**Supervisory**

**Demonstrates Initiative** □ □ □ □

**Attitude** □ □ □ □

**Dependability** □ □ □ □

**Demonstrates a Cooperative Working**

**Relationship with Peers** □ □ □ □

**Demonstrates Ability to**

**Motivate Staff** □ □ □ □

**Trains and Develops Subordinates to**

**Perform More Effectively** □ □ □ □

*Rating* □ □ □ □

**SECTION V. COMMUNICATION** Consider the degree to which employee handles matters of importance and responds to receiving oral and written communications.

Understanding of Oral

Communications □ □ □ □

Understanding of

Written Communication □ □ □ □

Accurately Transmits and

Receives Directions □ □ □ □

Ability to Prioritize

Assignments □ □ □ □

*Rating* □ □ □ □

**Supervisory**

**Understands Written and Oral**

**Directives** □ □ □ □

**Communication with Groups**

**(Committees)** □ □ □ □

**Accurately Receives and Transmits**

**Directions** □ □ □ □

**Ability of Prioritize Communications** □ □ □ □

**Directs Individuals Towards the**

**Accomplishment of Goals** □ □ □ □

*Rating*

**SECTION VI. SELF MANAGEMENT** Consider the degree to which employee plans and Organizes work, and takes responsibility for self-behavior in the workplace.

**Supervisory**

**Effectively Plans and Organizes Tasks** □ □ □ □

**Demonstrates Good Conduct and Judgment** □ □ □ □

**Ability to Select Alternative Courses of**

**Action to Resolve Problems** □ □ □ □

**Demonstration of Technical Expertise** □ □ □ □

**Directs Individuals Towards the**

**Ability to Act Under Pressure** □ □ □ □

*Rating* □ □ □ □

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**SECTION VII. OVERALL RATING:**

**OUTSTANDING** □ **SATISFACTORY** □ **NEEDS** □ **UNSATISFACTORY** □

**IMPROV.**

If the employee is rated “Outstanding” or “Satisfactory,” the evaluator may use the bottom of this form for any specific comments relative to the categories listed on the total evaluation. If rating is “Needs Improvement” or “Unsatisfactory,” the evaluator must refer to the “plan for improvement” on their performance review form. In addition, the evaluator shall cite specific examples whereby the employee did not correct deficiencies listed on the review form.

**DETAILS OF UNSATISFACTORY**

**RATING:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EVALUATOR’S**

COMMENTS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EMPLOYEE’**

**COMMENTS:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Evaluator’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name

Employee’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date / /

Signature of Witness \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name

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