

Performance Evaluation Report for Classified Specialists/Liaisons (Nurses, Mental Health Therapists, Security, Drug/Alcohol Specialists)



Type of Evaluation: Annual 60-Day Other

Name _____ Date _____

Title _____ Location _____

OVERALL APPRAISAL: Satisfactory Requires Improvement Unsatisfactory

KEY: S – Satisfactory R – Requires Improvement U – Unsatisfactory NA – Does not apply/not observed
Any R or U rating requires a written comment.

Job Performance

- ___ A. Demonstrates competencies of job procedures, scope, and responsibilities.
- ___ B. Comprehends established priorities and is flexible to allow for unscheduled events.
- ___ C. Produces work of high quality and accuracy.
- ___ D. Organizes and prioritizes work load and resources; produces appropriate volume of work in a timely manner.
- ___ E. Organizes procedures; assigns and monitors work of other staff as appropriate.
- ___ F. Demonstrates effective written and oral communication skills.

Personal Skills

- ___ A. Interacts effectively with others in the work site; is flexible, demonstrates teamwork; and exhibits sound judgment and common sense.
- ___ B. Supports a positive work environment that promotes equity, courtesy, and respect for all students, staff, and community.
- ___ C. Maintains confidential information and communications in an ethical manner.
- ___ D. Takes independent action as situation warrants; identifies potential problems; determines course of action within parameters of assignment.
- ___ E. Conducts work site responsibilities in a professional, problem solving, and positive manner.

Evaluator Comments

Primary Evaluator Signature _____

Title _____

Date _____

Signatures of other people,
if any, participating in the
evaluation process _____

Contributing Evaluator Signature _____

Title _____

Date _____

Contributing Evaluator Signature _____

Title _____

Date _____

Activities Contributing to Professional Growth

Employee Comments

My signature below indicates that I have seen this evaluation. It does not necessarily indicate agreement with the findings. (Employee may attach comments to this evaluation, if desired.)

Employee Signature _____

Date _____