

**BARSTOW COMMUNITY COLLEGE DISTRICT
PERFORMANCE EVALUATION FOR REGULAR/PROBATIONARY CLASSIFIED EMPLOYEES**

Employee Name: _____

Position Title: _____

Annual Evaluation:

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Evaluation Period: From _____ To _____

Probationary Evaluation:

3		7		11	
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CHECK ONLY THOSE FACTORS WHICH APPLY TO THE EMPLOYEE'S POSITION				
A = Exceeds Work Performance Standards B = Meets Work Performance Standards C = Below Work Performance Standards	A	B	C	If "Below Work Performance Standards" or "Exceeds Work Performance Standards" is checked, please give your reasons for this rating. If "Below," indicate suggestions made to employee on how to improve.
QUALITY OF WORK a. Job Knowledge b. Accuracy c. Neatness d. Thoroughness				Suggestions and Comments made by supervisor.
QUANTITY OF WORK				
Consider volume of output and extent to which work schedules are met.				
WORK HABITS AND ATTITUDES				
a. Dependability b. Punctuality c. Orderliness d. Compliance with instructions, rules and regulations e. Ability to work without immediate supervision				Suggestions and Comments made by supervisor.
PERSONAL QUALITIES				
a. Judgment				
b. Initiative				
c. Adaptability to emergencies and new situations.				Suggestions and Comments made by supervisor.
RELATIONSHIP WITH OTHERS	A	B	C	

a. Employees				Suggestions and Comments made by supervisor.
b. Students				
c. Public				
SUPERVISORY ABILITY (If Applicable)				
a. Leadership				
b. Fairness and impartiality				
c. Decision making				
d. Training and instruction				
e. Planning and assigning				
f. Disciplinary control				
g. Evaluating performance				
h. Ability to get work out				
OVERALL PERFORMANCE				

For Probationary Employees Only: On the basis of job knowledge and job performance, it is recommended that this employee:

a. Be given an extension of probation	
b. Be retained in this position	
c. Be terminated from this position	

Signature of Supervisor

Title

Date

Signature of Reviewer

Title

Date

My Signature below is an acknowledgment that I have seen and discussed this evaluation, but does not necessarily imply agreement with the conclusions of the supervisor.

Signature of Employee

Date

**For supervisor's use only: Add any additional comments or suggestions here.
Please include the title of the section on which you are commenting.**

**For employee's use only: Add any responses you may have to your supervisor's comments.
Please include the title or the section on which you are commenting.**
