

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

**Employee Name:** \_\_\_\_\_

**Position Title:** \_\_\_\_\_

Annual Evaluation: 

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<b>Evaluation Period:</b> From _____ To _____
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Probationary Evaluation: 

3		7		11	
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<b>CHECK ONLY THOSE FACTORS WHICH APPLY TO THE EMPLOYEE'S POSITION</b>				
<b>A = Exceeds Work Performance Standards</b> <b>B = Meets Work Performance Standards</b> <b>C = Below Work Performance Standards</b>	<b>A</b>	<b>B</b>	<b>C</b>	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.
<b>QUALITY OF WORK</b> a. Job Knowledge b. Accuracy c. Neatness d. Thoroughness				Suggestions and Comments made by supervisor.
<b>QUANTITY OF WORK</b>				
Consider volume of output and extent to which work schedules are met.				
<b>WORK HABITS AND ATTITUDES</b>				
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.
<b>PERSONAL QUALITIES</b>				
a. Judgment				
b. Initiative				
c. Adaptability to emergencies and new situations.				Suggestions and Comments made by supervisor.
<b>RELATIONSHIP WITH OTHERS</b>	<b>A</b>	<b>B</b>	<b>C</b>	

a. Employees				Suggestions and Comments made by supervisor.
b. Students				
c. Public				
<b>SUPERVISORY ABILITY (If Applicable)</b>				
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				
<b>OVERALL PERFORMANCE</b>				

**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.**

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