

Employee Performance Evaluation

For School District 25 Facilities Department
Maintenance

Employee Name: _____

Date: _____

Job Title: _____ Level : _____

For _____ School Year

6 Month

Annual

Does Not Meet
(120 calendar days)

Extended
(60 calendar days)

Section I

Work Area Performance Appraisal: Rate each item by selecting the phrase most closely describing the employee's actual work performance or knowledge.

Job Knowledge

A. Custodial Cleaning Knowledge

- 1 Struggles with concepts
- 2 Understands procedures
- 3 Brings new idea or knowledge that is implemented.

B. Tools Knowledge Trade Category

- 1 Struggles with equipment
- 2 Operates all equipment
- 3 Operates and maintains

C. Tools Knowledge Trade Category

- 1 Struggles with equipment
- 2 Operates all equipment
- 3 Operates and maintains

D. Tools Knowledge Trade Category

- 1 Struggles with equipment
- 2 Operates all equipment
- 3 Operates and maintains

E. Computer Knowledge

- 1 Struggles with concepts
- 2 Understands basics
- 3 Knowledge beyond requirements

2. General Responsibilities

A. General Maintenance Skills

- 1 Unable to handle basic repairs
- 2 Able to handle basic repairs
- 3 Can accurately troubleshoot and repair more than basic items

B. Maintenance Skills Trade Category

- 1 Able to handle basic repairs
- 2 Can accurately troubleshoot and repair or perform all areas of trade
- 3 Brings new idea or knowledge that is implemented.

2. General Responsibilities (cont)

C. Maintenance Skills Trade Category

- 1 Able to handle basic repairs
- 2 Can accurately troubleshoot and repair or perform all areas of trade
- 3 Brings new idea or knowledge that is implemented.

D. Maintenance Skills Trade Category

- 1 Able to handle basic repairs
- 2 Can accurately troubleshoot and repair or perform all areas of trade
- 3 Brings new idea or knowledge that is implemented.

E. Condition of truck and shop area

- 1 Unkept and dirty
- 2 Usually clean and in good condition
- 3 Consistently clean and in good condition

F. Planning

- 1 Needs to be told what to do and when to do it
- 2 Submits accurate completed plans when told
- 3 Submits accurate completed plans on own

G. Safety

- 1 Careless and takes chances
- 2 Sets proper example of safe practices
- 3 Proactive for safety issues

H. Records and Paperwork

- 1 Disregard of neatness or timeliness
- 2 Neat and on time
- 3 Neat, on time, and thorough

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3. Work Performance

A. Quantity

- 1 Cannot account for time spent working
- 2 Can account for time spent working
- 3 Can account for time spent working and consistently looking for more to do

B. Quality

- 1 Poor, needs frequent checks
- 2 Work is of acceptable quality
- 3 Workmanship consistently of the utmost quality

C. Dependability

- 1 Poor and or not reliable
- 2 Regular attendance
- 3 Reliable and consistently there when needed

D. Attitude

- 1 Complains about work
- 2 Finishes work with no complaints
- 3 Consistently finishes work with positive attitude

4. Initiative

A. Self – Starter

- 1 Needs to be told what to do and when to do it
- 2 Develops and builds on viable reasonable solutions
- 3 Develops viable reasonable solutions on own and keeps appropriate levels of management informed

B. Self - Improvement

- 1 No interest or complains about learning opportunities
- 2 Willing to learn when presented the opportunity
- 3 Seeks educational opportunities on own

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___	X	1	=	___	Level 1	0 to 28 = Does Not Meet	
						29 to 36 = Meets Expectations	
___	X	2	=	___	Level 2	37 to 45 = Exceeds Expectations	
						0 to 32 = Does Not Meet	
___	X	3	=	___		33 to 41 = Meets Expectations	
						42 to 51 = Exceeds Expectations	
Total				___	Level 3	0 to 34 = Does Not Meet	
						35 to 46 = Meets Expectations	
						47 to 57 = Exceeds Expectations	

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Section IV

Goals for the next evaluation period: This may be based on the previously mentioned items but is not limited to them.

Section V

Signatures: The signing of this document indicates that the preceding items were discussed with the employee and does not necessarily indicate agreement or disagreement with the items in this evaluation.

Date of Evaluation: _____

_____ **Facilities Management**

_____ **Employee**

Additional space for writing:
