PERFORMANCE EVALUATION REPORT

Classified Paraprofessional Personnel San Diego City Schools Use ink or typewriter for final markings.

Reference: Procedure No. 4530

EMPLOYEE NAME						EMPLID#	COST CENTER NAME			COST CTR.	
POSITION TITLE						EMPLOYEE STATU	IS IF	F UNSCHEDULED REPORT DUE		DUE DATE	NO.
10.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	11122						HECK HERE		Bellin	•
SECTION A	Unsatisfactory	Requires Improvement	Meets Standards	Exceeds Standards	Immediate supervisor must check each category in appropriate column. FACTOR CHECK LIST			SECTION B "Exceeds Standards" in any category should be described in detail and supported with documentation. "Unsatisfactory" or "Requires Improvement" in any category must be supported with documentation.			
					effectively carrinstructions. 2 Accepts and F Willingly acce in carrying out	well orally and in write ries out verbal and write Follows Directions: pts and demonstrates ef instructions.	ten				
					students.	th and relates effectivel					
					Works with an	4 Interpersonal Working Relationships: Works with and relates to others effectively.					
					5 Observance of Dependable an						
					6 Operation and Care of Equipment/Material: Takes responsibility for careful use of equipment and materials.						
						Quality of Work: acceptable level of qual	ity work				
					8 Additional Fa	ctor:					
SE.	CTION	1 C						ATTACH	IMENTS AI	DDED YES	S L NO L
SECTION C Employee was counseled on noted deficiencies: (Dates)											
				TION·	` /						
SUMMARY EVALUATION: (Check One) Unsatisfactory Requires Improvement Meets Standards Exceeds Standards											
SECTION D Goals and Objectives:											
RATER: REVIEWER:											
	Signatu	ıre			Dat	te	Signature	e		Date	
My supervisor has discussed this report with me and given me a copy of this evaluation report. I understand my signature does not necessarily indicate agreement.											
Comments:											
Attachments Added: Yes No Signature Date											

Performance Evaluation Report									
Section B - Attachment									
Date									
Employee Name									
Type text here.									
My supervisor has discussed this report with nunderstand my signature does not necessarily i	ne and given me a copy of this evaluation report. I indicate agreement.								
Employee Signature	Date								
Rater Signature	Date								
Reviewer Signature	Date								