

BOARD OF COOPERATIVE EDUCATIONAL SERVICES
ALBANY-SCHOHARIE--SCHENECTADY COUNTIES

EMPLOYEE EVALUATION

EMPLOYEE'S NAME: _____ DATE: _____

EMPLOYEE'S
TITLE: _____

INITIAL
APPOINTMENT DATE: _____

	EXCELLENT	GOOD	NEED IMPROVEMENT	UNSATISFACTORY
<u>Quality of Work</u> – Accuracy, presentability neatness and thoroughness				
<u>Position of Work</u> – Know-how and skills necessary to do the job				
<u>Quantity of Work</u> – Amount of satisfactory work completed				
<u>Alertness</u> – Ability to grasp instructions and follow through, to solve non-routine or problem situations				
<u>Work Habits</u> – Initiative, organization, dependability, judgment				
<u>Personal Relationships</u> – Discretion, tact, self-control, friendliness				
<u>Attitude</u> – Toward work, fellow employees, new assignments, constructive criticism				
<u>Stability</u> – Ability to withstand pressure and to remain calm in crisis situations				
<u>Supervisory Skill</u> – leadership, respect of subordinates				
<u>Attendance</u> – Absences, tardiness				
<u>Other</u> – Please specify				

SUGGESTIONS FOR IMPROVEMENT:

INDIVIDUAL PERFORMANCE STANDARDS:

EMPLOYEE'S COMMENTS:

Date_____ Evaluator's
Signature_____

Date_____ Evaluator's
Signature_____

*Signature means person evaluated has received a copy of the report.

Signature does not necessarily mean agreement with evaluation.