Evaluation Roster for Classified Employees

After School, Auxiliary Services, Bus Drivers, Child Nutrition, Facilities, Maintenance, Media Assistants, Office Support, Occupational Therapist Assistants, Operations & Custodial, Physical Therapist Assistants, Teacher Assistants, Transportation, Tutors

_____School Year

Department: **_____**

Director/Supervisor Signature: _____ Date**: _____**

Employee	**Position**	**I assessed this employee's overall performance to be "at standard" or "above standard". (Yes/ No/ NA)**	**Evaluator**