



CLASSIFIED EVALUATION PLAN

**Barren County Schools
202 West Washington Street
Glasgow KY 42141**

Bo Matthews, Superintendent

June 2013

CLASSIFIED SCHOOL PERSONNEL EVALUATION PLAN

NAME OF DISTRICT: BARREN COUNTY

TELEPHONE NUMBER: (270) 651-3787

ADDRESS: 202 West Washington Street
Glasgow KY 42141

SUPERINTENDENT: Bo Matthews

EVALUATION CONTACT PERSON: Mark Wallace

Evaluation Plan Development Committee Members

Chip Jenkins	Transportation Director
Anthony Frazier	NJE Principal
Jennifer London	H/R Administrative Assistant
CheyAnne Fant	Director of Food Service/21 st Century
Patty Gentry	Volunteer / Family Resource Coordinator
Kendra Clay	Food Service Account Clerk
Alison Trigg	NJE Secretary
Charlie Tedder	Bus Driver Trainer
Vivian Garrett	Maintenance Administrative Assistant
Rhonda Costlow	Instructional Assistant
Mark Wallace	Assistant Superintendent

NOTIFICATION (Evaluation Orientation)

Each primary evaluator will be responsible for an explanation and distribution of an appropriate evaluation form to all classified personnel under his/her supervision *no later than the end of the first month of reporting for employment.*

EVALUATION

Each classified employee shall be evaluated at least once each year. This evaluation shall be performed by the Principal or the immediate supervisor and shall be based upon a formal procedure approved by the Superintendent and Barren County Board of Education for that specific position or class of positions. The evaluator performing the evaluation shall share and discuss the evaluation report with the employee. The employee shall have the right to comment in writing on the evaluation report. The employee's written comments shall be attached to the evaluation report, and the report shall be filed in the employee's official personnel file.

EVALUATION PROCESS

1. All principals and immediate supervisors of classified staff will receive annual training.
2. All evaluations of classified employees shall be documented on district forms and shall become part of the official personnel file.
3. An evaluation conference between the evaluator and the classified employee being evaluated shall be held.
4. A completed and signed copy of the evaluation form will be provided to the classified employee being evaluated immediately following the evaluation conference.
5. The evaluation of all classified employees shall be completed by April 15.
6. An evaluation may be made at any time at which the quality or quantity of work is in question.

Classified Personnel Evaluation

Employee's Name: _____ School Year: _____

Worksite/School: _____ Supervisor: _____

Position: _____

Explanation of the Scale

Exceeds Expectations (EE)
Meets Expectations (ME)

Improvement Needed (IN)
Not Applicable (NA)

Performance Areas:

I Job Knowledge:

Evaluate skill/knowledge of the information, procedures, materials, equipment, techniques, etc., required for the position.

	EE	ME	IN	NA
(a) Demonstrates necessary skills to complete tasks required in current job.				
(b) Understands and completes all required records, reports, and documents.				
(c) Maintains working knowledge of equipment/material that is necessary for completion of assigned task.				
(d) Attends appropriate in-service programs.				
(e) Adheres to Board policies.				

Comments:

II Productivity and Quality of Work:

Rate the completion, accuracy, timelines, and volume of work.

	EE	ME	IN	NA
(a) Completes the required tasks accurately and in a timely manner.				
(b) Follows proper safety measures when working.				
(c) Displays initiative in seeking and completing tasks without supervision.				

Comments:

Classified Personnel Evaluation

III Responsibility, Dependency, and Attendance:
 Consider efforts to ensure the successful completion of tasks, extra efforts made to meet work demands, attendance, dependability and general assistance.

	EE	ME	IN	NA
(a) Uses discretion with confidential or privileged information.				
(b) Follows direction.				
(c) Performs duties responsibly.				
(d) Organizes work responsibilities and sets priorities.				
(e) Maintains a good attendance record.				
(f) Reports to work punctually.				
(g) Returns to work from break and/or lunch punctually.				
Comments:				

IV Interpersonal Relations:
 Consider relationships with other employees, students, and the community, and willingness to perform required duties and to help others accomplish tasks.

	EE	ME	IN	NA
(a) Interacts with students and parents in a positive, constructive manner.				
(b) Interacts with colleagues and supervisors in a positive, constructive manner.				
(c) Cooperates to accomplish school and district goals and objectives.				
(d) Addresses conflict in a constructive and fair manner.				
(e) Follows chain of command when addressing conflict.				
(f) Offers differing opinions in a constructive and helpful manner.				
(g) Demonstrates effective written and verbal communication skills.				
Comments:				

Summary

	EE	ME	IN
Overall job performance on applicable items			

Classified Personnel Evaluation

Overall, does the employee meets the designated performance standards: Yes No

Comments:

Growth and Development: Activities in which the employee has participated which could increase job effectiveness.

Comments:

Improvement in the areas noted on this evaluation can be achieved by the following:

This review has been discussed with the employee who has been given a copy. Signatures acknowledge completion of the evaluation and not necessarily agreement.

Employee's Signature Date

Supervisor's Signature Date

Employee's Comments:

CLASSIFIED EVALUATION OVERALL PERFORMANCE DIMENSIONS

EXCEEDS EXPECTATIONS (EE)

For an employee to receive an overall rating of “Exceeds Expectations”, the majority of the critical performance dimensions should have been evaluated at this level, with no performance dimensions rated below “Meets Expectations”. Any additional or specific performance goals and objectives should have been achieved, at least at the “Meets Expectations” level.

MEETS EXPECTATIONS (ME)

An employee’s overall performance will generally be considered as “Meets Expectations” when the majority of the critical performance dimensions are evaluated at “Meets Expectations”, and no more than two of the remaining performance dimensions are evaluated at “Improvement Needed”. Most of the additional or specific performance goals and objectives should have been achieved at the “Meets Expectations” level of achievement.

IMPROVEMENT NEEDED (IN)

The “Improvement Needed” rating indicates that one or more of the critical performance ratings were below the “Meets Expectations” standard, and several of the additional or specific performance goals and objectives were not realized at a fully satisfactory level. Any single “Improvement Needed” rating on a critical dimension or performance objective should generally result in an “Improvement Needed” overall rating.

NOT APPLICABLE (NA)

Indicates that this particular performance dimension does not apply to this particular individual’s duties or job classification.

Classified EMPLOYEE DISCIPLINARY NOTICE FORM

Employee's Name

Job Title/Position

Department/School

Date of Infraction

Date & Time of Notice to Employee

<u>NATURE OF INFRACTION</u>	
<u>(Check/Complete as Applicable)</u>	<u>Comments</u>
<p>I. Job Knowledge</p> <p><input type="checkbox"/> Understands and completes all required records, reports, and documents.</p> <p><input type="checkbox"/> Maintains working knowledge of equipment/material that is necessary to complete assigned tasks.</p> <p><input type="checkbox"/> Attends appropriate in-service programs.</p> <p><input type="checkbox"/> Adheres to Board policies.</p> <p>II. Productivity and Quality of Work</p> <p><input type="checkbox"/> Completes the required tasks accurately and in a timely manner.</p> <p><input type="checkbox"/> Follows proper safety measures when working.</p> <p><input type="checkbox"/> Displays initiative in seeking and completing tasks without supervision.</p> <p>III. Responsibility, Dependency and Attendance</p> <p><input type="checkbox"/> Uses discretion with confidential or privileged information.</p> <p><input type="checkbox"/> Follows direction.</p> <p><input type="checkbox"/> Performs duties responsibly.</p> <p><input type="checkbox"/> Organizes work responsibilities and sets priorities.</p> <p><input type="checkbox"/> Maintains a good attendance record.</p> <p><input type="checkbox"/> Reports to work punctually.</p> <p><input type="checkbox"/> Returns to work from break and/or lunch punctually.</p> <p>IV. Interpersonal Relations</p> <p><input type="checkbox"/> Interacts with students and parents in a positive, constructive manner.</p> <p><input type="checkbox"/> Interacts with colleagues and supervisors in a positive, constructive manner.</p> <p><input type="checkbox"/> Cooperates to accomplish school and district goals and objectives.</p> <p><input type="checkbox"/> Addresses conflict in a constructive and fair manner.</p> <p><input type="checkbox"/> Follows chain of command when addressing conflict.</p> <p><input type="checkbox"/> Offers differing opinions in a constructive and helpful manner.</p> <p><input type="checkbox"/> Demonstrates effective written and verbal communication skills.</p> <p align="center">=====</p> <p>_____ Violation of Personnel Policies for Classified Section Number(s):</p> <p>_____</p>	
<u>DISCIPLINE OR CORRECTIVE ACTION TAKEN / RECOMMENDED</u>	

<u>RECORD SECTION</u>	
Has employee been warned before about this offense? Yes____ No____	
If yes, how and when? Oral____ Written ____ Date(s)_____	
_____ Signature of Administrator/Principal	_____ Signature of Supervisor/Witness
<u>Signature of Employee Acknowledging Receipt of Notice</u>	
_____ Employee Signature	_____ Date

Acknowledged by Superintendent/Designee

Date

Distribution:

Personnel

Employee

Principal/Supervisor

**Classified Employee
BARREN COUNTY SCHOOLS
INDIVIDUAL CORRECTIVE ACTION PLAN**

Name: _____

Date: _____

Title: _____

Work Site: _____

Performance Area (I-IV)	Growth Objective/Goals (Describe desired outcomes)	Procedures & Activities for Achieving Goals & Objectives (Including support personnel)	Target Dates

(Attach more pages if necessary)

EVALUATEE'S COMMENTS:

INDIVIDUAL CORRECTIVE ACTION PLAN DEVELOPED:

Evaluatee's Signature Date

Evaluator's Signature Date

STATUS: **ACHIEVED** **REVISED** **CONTINUED**

Evaluatee's Signature Date

Evaluator's Signature Date

PROGRESS REVIEW MEETINGS:

Date	Comments	Initials

(Attach more pages if necessary)