

# LONGVIEW INDEPENDENT SCHOOL DISTRICT

## Child Nutrition Performance Evaluation Form

<b>Employee Name:</b>	<b>Employee ID #:</b>	<b>Evaluator Name:</b>
<b>Evaluation Period:</b>  <b>From:</b> <b>To:</b>	<b>Job Title:</b>	<b>Department/Campus:</b>

Rating Scale:    **4 = Exceeds Expectations**    Employee performs most tasks in an exceptional manner  
                       **3 = Meets Expectations**        Employee performs many tasks well; other tasks performed adequately  
                       **2= Below Expectations**        Employee performs tasks below established standards  
                       **1 = Unsatisfactory**                Employee consistently performs tasks below established standards  
                       **N = Not Applicable**                Not required or observed as part of duties or responsibilities

The criteria below are local performance expectations that may be considered as part of the letter of reasonable assurance extension for the ensuing year. The supervisor should rate each criterion according to the guidelines above. Any area rated below "Proficient" should be supported with written comments or objectives. Supplemental documentation supporting the rating should be attached.

EVALUATION OF PERFORMANCE	Annual _____	Other _____	_____
	Date		Date
_____ A. Works well with others		_____ A. Maintains student discipline when needed	
_____ B. Demonstrates a positive attitude		_____ B. Responds promptly to work order requests	
_____ C. Demonstrates flexibility to change		_____ C. Follows verbal and written instructions	
_____ D. Communicates effectively and professionally		_____ D. Determines necessary tools and materials to complete tasks	
_____ E. Displays initiative		_____ E. Follows safety guidelines	
_____ F. Demonstrates Customer Service Skills		_____ F. Maintains sanitation card	
_____ G. Demonstrates appropriate job knowledge		_____ G. Follows punctuality guidelines	
_____ H. Performs assigned duties in a timely manner		_____ H. Follows attendance guidelines	
_____ I. Attends meetings and staff development		_____ I. Follows dress and appearance guidelines	
_____ J. Maintains neat and orderly work areas		_____ J. Maintains confidentiality	
_____ K. Uses, maintains and stores work material/equipment properly			

**EVALUATOR'S COMMENTS:**

**EMPLOYEE'S COMMENTS:**

*For purposes of this document each party's typed name shall be deemed as an original signature.*

Employee's Signature \_\_\_\_\_ Date \_\_\_\_\_

My signature indicates this report has been discussed with me. I also understand my signature does not necessarily indicate agreement, and that I have 10 working days to prepare a written response that will be attached to this evaluation. I am aware this evaluation review will be placed in my personnel file.

Evaluator's Signature \_\_\_\_\_ Date \_\_\_\_\_