ESOS ADMINISTRATIVE ASSISTANT
ANNUAL EVALUATION FORM
SOUTHFIELD PUBLIC SCHOOLS

This evaluation is to be conducted annually no later than May 15th and should be based on performance since the last evaluation. A copy of this form will be given to the employee and the original document shall become a permanent part of the employee's record.

EMPLOYEE'S NAME	
DATE OF EVALUATION (Month/Date/Year)	
NAME OF ADMINISTRATOR WORK LOCATION	
NAME OF EVALUATOR(s)	

The evaluator must evaluate the employee on all of the criteria listed below.

If the employee is rated as "minimally effective" on any of the criteria, the comments sections must be used to indicate the specific nature of the deficiency, the observations which the evaluator has relied on to form this conclusion, and specifically how improvement would be accomplished.

Note: The "evaluator(s) may want to mention specific strengths, weaknesses, or add general comments and suggestions to illustrate or explain ratings given. Space for such comments is provided at the end.

Indicate for each item the rate you consider most appropriate for the employee.

H	Highly Effective	performs beyond job expectations
E	Effective	meets job expectations
M	Minimally Effective	needs improvement in order to meet job expectations
I	Ineffective	supporting statement and/or documentation required

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JOB KNOWLEDGE / QUALITY OF WORK	H	E	M	I
1 Possesses appropriate expertise to perform job at a professional level	☐	☐	☐	☐
2 Takes opportunities to increase knowledge of relevant job skills	☐	☐	☐	☐
3 Complete assignments accurately and in a timely and efficient manner	☐	☐	☐	☐
4 Shares knowledge with co-workers	☐	☐	☐	☐
5 Remains current on level of professional/technical knowledge	☐	☐	☐	☐
6 Understands and adheres to Board policy and building procedures	☐	☐	☐	☐
7 Performs office routines efficiently	☐	☐	☐	☐
8 Possess a strong knowledge based of District software programs and their functions	☐	☐	☐	☐

Comments

PROFESSIONAL / PERSONAL ATTRIBUTES	H	E	M	I
1 Characteristics reflect a high degree of integrity, maturity, dependability, and enthusiasm	☐	☐	☐	☐
2 Is well organized, capable of placing priorities, and is conscience of time management; meets deadlines consistently	☐	☐	☐	☐
3 Readily accepts responsibility and exerts effort beyond demands of job functions	☐	☐	☐	☐
4 Is approachable and responsive to others	☐	☐	☐	☐

Comments

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ACCOUNTABILITY	H	E	M	I
1 Consistently provides timely and high quality work	☐	☐	☐	☐
2 Adheres to established work and meeting schedules	☐	☐	☐	☐
3 Meets assigned deadlines without additional prompting by supervisor or others	☐	☐	☐	☐
4 Follows established call-in procedures for the work location	☐	☐	☐	☐
5 Seeks new and /or additional on-the-job training opportunities to obtain mastery over tasks, expand personal knowledge and add value to the work group	☐	☐	☐	☐
6 Not only demonstrates specific job skills, but also takes the initiative to learn higher level skills that enhance the ability to contribute to the organization	☐	☐	☐	☐
7 Assists coworkers in response to fluctuations in workloads	☐	☐	☐	☐
8 Demonstrates the ability to maintain confidential information	☐	☐	☐	☐

Comments

COMMUNICATION / INTERPERSONAL SKILLS	H	E	M	I
1 Is courteous, tactful, and cooperative with others and recognizes the importance of teamwork	☐	☐	☐	☐
2 Treats others with respect	☐	☐	☐	☐
3 Demonstrates tact and diplomacy when resolving conflicts by addressing concerns directly with the individual(s) involved	☐	☐	☐	☐
4 Takes initiative to address concerns with other staff in a timely manner promoting understanding and cooperation.	☐	☐	☐	☐
5 Contributes to a positive work environment through their interactions with others	☐	☐	☐	☐
6 Demonstrates flexibility by adapting to changes in priorities and the work environment	☐	☐	☐	☐

Comments

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OVERALL RATING	H (Highly Effective)	E (Effective)	M (Minimally Effective)	I (Ineffective)
	☐	☐	☐	☐

SUGGESTIONS/COMMENTS:

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_____

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Signature of Evaluator(s):   **Date**:

_____   _____

_____   _____

_____   _____

I have reviewed this evaluation with my supervisor and have a copy for my files.

Employee's Signature: **Date**:

_____   _____