



ST. JAMES ASSINIBOIA SCHOOL DIVISION

GDI-E-2 #67272

PERMANENT SUPPORT STAFF EVALUATION

REVIEW PERIOD: Annual [ ] Bi-Annual [ ] Special [ ]

NAME: \_\_\_\_\_

SUPERVISOR: \_\_\_\_\_

LOCATION: \_\_\_\_\_

REVIEW PERIOD START/END DATE: \_\_\_\_\_

RATING SCALE:

- 4 Distinguished Performance that exceeds all aspects of the rating factor on a consistent basis throughout the entire rating period. All ratings must include specific examples that demonstrate the nature of the exceptional performance.
3 Proficient Performance that not only meets all aspects of the rating factor throughout the rating period, but is regularly at a level above.
2 Satisfactory Performance that generally, or by way of an average over the entire rating period, meets all aspects of the rating factor in a satisfactory manner.
1 Unsatisfactory Performance is such that the employee has clearly failed to meet the minimum requirements. Such performance is characterized by consistent weakness and/or deficiency and/or failure to respond to training, corrective action, or direction. All ratings must include specific examples that demonstrate the nature of the unsatisfactory performance. Please refer to policies GDI and GBAC for further direction in addressing unsatisfactory ratings.

Table with 2 columns: RATING FACTORS and SCALE (1 - 4). Rows include: QUALITY OF WORK, PRODUCTIVITY, JOB KNOWLEDGE, ADAPTABILITY, INITIATIVE, WORK HABITS, DEPENDABILITY, ATTITUDE, INTERPERSONAL SKILLS, COMMUNICATION SKILLS, SUPERVISORY SKILLS (N/A unless directing the work of others).



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**EXAMPLES OF DISTINGUISHED PERFORMANCE:**

**EXAMPLES OF UNSATISFACTORY PERFORMANCE:**

**DEVELOPMENT PLANS DURING NEXT REVIEW PERIOD:**

**COMMENTS:**

Supervisor's Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of Administrator/Principal:  
(if not actual evaluator) \_\_\_\_\_

**Instructions to Employee:** In signing this, you indicate that you have read the appraisal, discussed it with your supervisor and understand the reasoning behind it. If you disagree with it, you have five (5) days to file an appeal with the Manager, Human Resources.

**EMPLOYEE'S COMMENTS:**

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Employee's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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