



#102475

Probationary/Trial Support Staff EvaluationReview Period: Midpoint ☐ Final ☐ Trial ☐

Name: _____

Supervisor: _____

Location: _____

Review Period Start/End Date: _____

Expectations	EXCEEDING	MEETING	NOT MEETING
QUALITY OF WORK – performing in a thorough, accurate, and appropriate manner.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PRODUCTIVITY – producing a significant volume of work in a specified period of time.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
JOB KNOWLEDGE – learning divisional, school, and departmental policies and procedures as well as informational and physical resources.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ADAPTABILITY – adjusting to new methods and flexible in meeting needs of the position.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
INITIATIVE – assuming duties without significant prompting or direction from others.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WORK HABITS – planning, organizing, and coordinating daily activities; dressing appropriately; and working safely and responsibly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DEPENDABILITY – completing assigned tasks and arriving punctually on a daily basis.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ATTITUDE – demonstrating interest in position and accepting criticism, direction and/or supervision.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
INTERPERSONAL SKILLS – establishing relationships, informing others, considering the opinions of others, being helpful and courteous, and presenting a good public image.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COMMUNICATION SKILLS – providing concise and detailed reports of problems and issues, and required documentation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SUPERVISORY SKILLS (do not rate unless directing the work of others) – leading others to achieve performance objectives.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



RECOMMENDATION (Please check the box that applies):

	Pass	Fail	Extend
Midpoint	<input type="checkbox"/>	<input type="checkbox"/>	
Final	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trial	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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:

Employee's Signature:

Date:

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