



MAINTENANCE AND CARETAKING STAFF WORK PLAN AND PERFORMANCE EVALUATION

EMPLOYEE NAME:

SCHOOL:

POSITION:

PROBATIONARY ANNUAL EVALUATION

PERFORMANCE PERIOD: FROM _____ TO _____

PERFORMANCE PLAN AND OBJECTIVES: - to be established by employee and supervisor from attached position duties and responsibilities by October 31st

Employee signature: _____

Supervisor signature: _____ Date: _____

EVIDENCE OF COMPLETION (To be filled by supervisor)

PROGRESS REVIEW (completed by June 15th): Caretakers to be completed by Head Caretaker;
Head Caretakers to be completed by Principal.

Scale:

- 1 – Never
- 2 – Approaching
- 3 – Proficient
- 4 – Excellent

n/a 1 2 3 4 **PERFORMANCE OF DUTIES**

| n/a | 1 | 2 | 3 | 4 | |
|-----|---|---|---|---|---|
| | | | | | Completes duties as assigned |
| | | | | | Maintains required standards of quality |
| | | | | | Uses time productively & effectively |
| | | | | | Shows ability to adapt |
| | | | | | Knowledgeable about areas of responsibility |

n/a 1 2 3 4 **INTERPERSONAL SKILLS**

| n/a | 1 | 2 | 3 | 4 | |
|-----|---|---|---|---|---|
| | | | | | Responds well to direction & supervision |
| | | | | | Contributes to an effective school climate |
| | | | | | Communicates with staff and students |
| | | | | | Maintains effective working relationships with colleagues |
| | | | | | Communicates with public when required |

n/a 1 2 3 4 **CONDUCT**

| n/a | 1 | 2 | 3 | 4 | |
|-----|---|---|---|---|---------------------------|
| | | | | | Attendance |
| | | | | | Punctuality |
| | | | | | Reliability |
| | | | | | Initiative |
| | | | | | Cooperativeness |
| | | | | | Maintains confidentiality |

n/a 1 2 3 4 **JOB KNOWLEDGE**

| n/a | 1 | 2 | 3 | 4 | |
|-----|---|---|---|---|---|
| | | | | | Demonstrates knowledge of equipment/machinery and tools |
| | | | | | Maintains and services equipment, machinery and tools |
| | | | | | Is willing to learn related jobs |
| | | | | | Complies with WHIMIS/OHS regulations |
| | | | | | Cooperativeness |
| | | | | | Attends to duties and responsibilities as per job description |

COMMENTS AND SUMMARY STATEMENT

Employee's Initials

Overall Performance Rating (circle the appropriate OVERALL performance rating)

1 - Needs improvement

2 - Poor

3 - Acceptable

4 - Excellent

Evaluator's Comments:

Evaluator Signature:

Date:

Employee's Comments:

Employee Signature:

Date:

FLAG FOR INTERVENTION: _____

REVIEW BY DATE: _____