



## FNMI WORKER'S 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 31<sup>st</sup>

Employee signature: \_\_\_\_\_

Supervisor signature: \_\_\_\_\_ Date: \_\_\_\_\_

**EVIDENCE OF COMPLETION** (To be filled by supervisor)

**PROGRESS REVIEW:** - to be completed by supervisor (by June 30<sup>th</sup>)

Scale :

- 1 – Never
- 2 - Occasionally
- 3 - Usually
- 4 - Always

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

					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**

					Responds well to direction & supervision
					Contributes to an effective school climate
					Communicates with the students
					Maintains effective working relationships
					Communicates with public

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

					Attendance
					Punctuality
					Reliability
					Initiative
					Cooperativeness
					Maintains confidentiality

n/a 1 2 3 4 **JOB KNOWLEDGE – FNMI Assistant STAFF**

					Understands and complies with classroom procedures
					Supervises and assists students under direction of certificated staff
					Cooperates with teachers
					Attends to duties and responsibilities as per job description

**COMMENTS AND SUMMARY STATEMENT**

Overall Performance Rating (circle the appropriate OVERALL performance rating)

1 – Needs improvement

2 - Poor

3 – Acceptable

4 – Excellent

Evaluator's Comments:

.

Signature:

Date:

\_\_\_\_\_

\_\_\_\_\_

Employee's Comments:

Signature:

Date:

\_\_\_\_\_

\_\_\_\_\_

FLAG FOR INTERVENTION: \_\_\_\_\_

REVIEW BY DATE: \_\_\_\_\_