

**WEBSTER COUNTY  
SCHOOL DISTRICT**

**Classified Personnel Evaluation Plan**



**2019-2020**

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## **Evaluation Committee**

<b>Brad Johnson</b>	<b>C/O Administrator</b>
<b>Derek Stone</b>	<b>Assistant Principal, Administrator</b>
<b>Mike Stone</b>	<b>Technology Dept. Classified</b>
<b>Sue Shelton</b>	<b>Food Service Dept. Classified</b>
<b>Dennis Parrish</b>	<b>Maintenance Dept. Classified</b>
<b>Jill Simpson</b>	<b>Transportation Dept. Classified</b>
<b>Marsha Rakestraw</b>	<b>C/O Adm. Asst. Classified</b>
<b>Randy Gibson</b>	<b>School Level Custodial Dept. Classified</b>
<b>Jana Scott</b>	<b>School Level Adm. Asst. Classified</b>

Assurances

Classified School Personnel Evaluation Plan

The local district hereby assures the Commissioner of Education that:

This evaluation plan was developed by an evaluation committee composed of classified staff representatives and district wide administrators.

All classified personnel will be oriented annually to the evaluation process and the criteria for evaluation prior to the implementation of the plan. The evaluation of each staff member will be conducted or supervised by the immediate supervisor of the employee.

All classified staff will be evaluated annually.

Each evaluatee shall be given a copy of his/her summative evaluation, which shall be filed in the personnel records.

Each person evaluated will be provided the opportunity for a review of the summative evaluation by the Classified Appeals Panel. Provision is made for the right to review all documentation presented to the Appeals Panel and to be represented at the appeal.

This evaluation plan will not discriminate on the basis of race, national origin, religion, marital status, sex, or disability.

The evaluation plan will be reviewed annually and any substantive revisions will be submitted to the Department of Education.

The local Board of Education approved this evaluation plan as recorded in the minutes of the meeting held on 2/26/2018.

2/25/2019

Signature of Superintendent

Date

2/25/2019

Signature of Board Chair

Date

## Classified Personnel Evaluation

Each classified employees shall have a minimum of one evaluation annually by April 15<sup>th</sup>. The evaluation is conducted by the supervisor. A copy of the evaluation shall be provided to the employee and placed in the personnel file.

EMPLOYEE'S NAME \_\_\_\_\_

SCHOOL YEAR \_\_\_\_\_

SUPERVISOR'S NAME \_\_\_\_\_

WORKSITE/SCHOOL \_\_\_\_\_

**POSITION:**

- |   |   |
|---|---|
| <input type="checkbox"/> DIVISION DIRECTOR        | <input type="checkbox"/> CUSTODIAL PERSONNEL      |
| <input type="checkbox"/> ADMINISTRATIVE ASSISTANT | <input type="checkbox"/> FOOD SERVICE PERSONNEL   |
| <input type="checkbox"/> INSTRUCTIONAL ASSISTANT  | <input type="checkbox"/> MAINTENANCE PERSONNEL    |
| <input type="checkbox"/> CLERICAL ASSISTANT       | <input type="checkbox"/> TECHNOLOGY PERSONNEL     |
| <input type="checkbox"/> OTHER, SPECIFY _____     | <input type="checkbox"/> TRANSPORTATION PERSONNEL |

### EXPLANATION OF THE SCALE:

**SATISFACTORY (S)**

**UNSATISFACTORY (U)**

**IMPROVEMENT NEEDED (IN)**

**NOT APPLICABLE (NA)**

**I. JOB KNOWLEDGE:**

Evaluate skill/knowledge of the information, procedures, materials, equipment, techniques, etc., required for the position.

- (a) Has necessary skills to complete tasks required in current job
- (b) Understands and completes all records, reports, and documents required
- (c) Has working knowledge of equipment/material that is necessary for completion of assigned task
- (d) Attends appropriate in-service programs
- (e) Adheres to Board policies

S	IN	U	NA

Comments: \_\_\_\_\_

## Classified Personnel Evaluation (continued)

### **II. PRODUCTIVITY AND QUALITY OF WORK:**

Rate the completion, accuracy, timeliness, and volume of work.

- (a) Completes the required tasks
- (b) Completes tasks accurately
- (c) Completes tasks in a timely manner
- (d) Uses proper safety measures when working
- (e) Takes initiative in seeking and completing tasks without supervision

S	IN	U	NA

Comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

### **III. RESPONSIBILITY, DEPENDABILITY, AND ATTENDANCE:**

Consider efforts to ensure the successful completion of tasks, extra efforts made to meet work demands, attendance, dependability, and general assistance.

- (a) Uses discretion with confidential or privileged information
- (b) Follows directions
- (c) Uses good judgment in performing responsibilities
- (d) Organizes work responsibilities and sets priorities
- (e) Has a good attendance record
- (f) Reports to work punctually
- (g) Returns to work from break and/or lunch punctually

S	IN	U	NA

Comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Classified Personnel Evaluation (continued)**

**IV. INTERPERSONAL RELATIONS:**

Consider relationships with other employees, students, and the community, and willingness to perform required duties and to help others accomplish tasks.

- (a) Deals with students and parents in a positive, constructive manner
- (b) Deals with colleagues and supervisors in a positive, constructive manner
- (c) Cooperates in accomplishing school and District goals and objectives
- (d) Handles problems in a constructive and fair manner
- (e) Works through line/staff relationships when addressing problems
- (f) Offers differing opinions in a construction and helpful manner
- (g) Demonstrates effective written and verbal communication skills

S	IN	U	NA

Comments: \_\_\_\_\_

**Growth Needed:** Improvement in the areas noted on this evaluation can be achieved by the following:

**Evaluation Standards:** Only one overall evaluation standard may be marked

- \_\_\_\_\_ Satisfactory
- \_\_\_\_\_ Satisfactory with improvement needed
- \_\_\_\_\_ Unsatisfactory, improvement plan may be developed
- \_\_\_\_\_ Does not meet standards

**Evaluatee's Comments:**

**Evaluator's Comments:**

\_\_\_\_ Agree with this summative evaluation.

\_\_\_\_ Disagree with this summative evaluation.

*Employee's Signature*

*Date*

*Supervisor's Signature*

*Date*

**Job Improvement Plan**

Evaluatee: \_\_\_\_\_

Position: \_\_\_\_\_

Evaluator: \_\_\_\_\_

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

**I. Standards Identified for Improvement:**

- \_\_\_\_\_ **I. Job Knowledge**
- \_\_\_\_\_ **II. Productivity and Quality of Work**
- \_\_\_\_\_ **III. Responsibility, Dependability, and Attendance**
- \_\_\_\_\_ **IV. Interpersonal Relations**

**II. Specific Job Task or Behavior which Needs to Change or Improve:**

**III. Desired Outcome: How will the employee improve?**

**IV. Procedures and Activities for Achieving Improvement or Growth:  
How will the immediate supervisor assist in the improvement plan?**

**V. Implementation Date:** \_\_\_\_\_

**Plan Review Date(s):** \_\_\_\_\_

**Improvement Plan Conclusion: Date** \_\_\_\_\_ **Satisfactory** \_\_\_\_\_ **Unsatisfactory** \_\_\_\_\_

**Employee's Comments** \_\_\_\_\_

**Supervisor's Comments** \_\_\_\_\_

**Employee's:** \_\_\_\_\_ **Supervisor's** \_\_\_\_\_  
**Signature** \_\_\_\_\_ **Signature** \_\_\_\_\_

*\*I understand that in the event this improvement plan is deemed unsatisfactory by my supervisor a recommendation for termination may be submitted to the Superintendent*

## **Appeals Process**

An appeal to the evaluation may be submitted for classified employees who think they were not fairly evaluated. Two different appeals processes and procedures exist: (1) employees who have not been put on a Job Improvement Plan shall follow the Immediate Supervisor Process, and (2) employees who have been put on a Job Improvement Plan shall follow the Appeals Panel Process and a recommendation for termination may be forthcoming to the Superintendent.

### **I. Immediate Supervisor Process:**

*(Employees who have not been put on a Job Improvement Plan)*

- Employee submits a written appeals form to the immediate supervisor and Superintendent.
- The Superintendent will set a time and place with the evaluatee and evaluator for the review meeting.
- The evaluatee will be given the opportunity to present any evidence supporting his/her position.
- Within ten (10) working days, the Superintendent shall provide a written response to the evaluatee and the evaluator.
- All information relating to the employee's evaluation shall be placed in the employee's appropriate personnel file.

### **II. Appeals Panel Process:**

*(Employees who have been put on a Job Improvement Plan)*

#### **A. Classified Appeals Panel Membership**

All members of the appeals panel shall be current employees of the district. Two panel members are elected from and by the classified staff of the district. Each employee has the right to be nominated and vote in the process. The third panel member will be district administrative personnel representative as designated by the Superintendent.

In the election of the appeals panel members, the person receiving the first and second greatest number of votes shall be members of the appeals panel. The person receiving the third greatest number of votes shall be designated as an alternate. The district administrative personnel representative will serve as the chairperson for the panel.

The length of term for an appeals panel member shall be one year. Panel members may be re-elected for the position. The panel members shall assume their responsibilities as soon as the election results are announced. Elections shall be conducted and appointments made during the month of September.



## **Appeals Process (continued)**

### **B. Improvement Plan Review Process**

The purpose of this panel is to review the summative evaluation and the improvement plan on the basis of substance and the supervisor's adherence to evaluation procedures. An employee may appeal his/her improvement plan as follows:

1. The employee may, within ten (10) working days of the summative conference, file an appeal with the district classified appeals panel utilizing the request form provided in this plan and submit a copy to the evaluator.
2. Within five (5) working days, the appeals panel chairperson will notify the evaluatee and the evaluator of the time and place for the panel review of all written documentation. Four copies of all evaluatee and evaluator written documentation to be considered in the appeal should be received by the appeals chairperson prior to the appointed meeting date.
3. The appeals panel will convene to review evaluatee and evaluator written documentation pertinent to the appeal.
4. A decision regarding their findings shall be presented to the Superintendent within 15 working days of the filing of the appeal. The panel's recommendation must include one of the following:
  - (a) Uphold the original evaluation
  - (b) Continue/revise employee improvement plan
5. The chairperson of the panel shall present the final determination of the panel to the evaluatee, evaluator, and Superintendent within five (5) working days.
6. Within ten (10) working days the Superintendent will submit a written response to the evaluatee and the evaluator.
7. All information relating to the employee's evaluation shall be placed in the appropriate personnel file.

**Evaluation Appeal Form**

**INSTRUCTIONS**

This form is to be used by classified employees who wish to appeal an evaluation. The procedure for filing an appeal is dependent upon whether the employee has or has not been placed on a job improvement plan. Select the appropriate procedure as follows:

- (1) For employees who **have not** been placed on a Job Improvement Plan, submit this Evaluation Appeal Form to your immediate supervisor and the Superintendent.

\_\_\_\_\_  
*Evaluator's Signature*                      *Date Received*                      \_\_\_\_\_  
*Superintendent's Signature*                      *Date Received*

- (2) For employees who have been placed on a Job Improvement Plan, submit this Evaluation Appeal Form to the Superintendent designee for the Appeals Panel process to begin.

\_\_\_\_\_  
*Superintendent's Signature*    *Date Received*

EMPLOYEE'S NAME \_\_\_\_\_ WORKSITE/SCHOOL \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_ ZIP CODE \_\_\_\_\_

EVALUATOR'S NAME \_\_\_\_\_ DATE OF THE EVALUATION \_\_\_\_\_

**POSITION:**

DIVISION DIRECTOR

CUSTODIAL PERSONNEL

ADMINISTRATIVE ASSISTANT

FOOD SERVICE PERSONNEL

INSTRUCTIONAL ASSISTANT

MAINTENANCE PERSONNEL

CLERICAL ASSISTANT

TECHNOLOGY PERSONNEL

OTHER, SPECIFY \_\_\_\_\_

TRANSPORTATION PERSONNEL

WHAT SPECIFICALLY DO YOU OBJECT TO OR WHY DO YOU BELIEVE YOU WERE NOT EVALUATED FAIRLY? IF ADDITIONAL SPACE IS NEEDED, ATTACH ADDITIONAL SHEET.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
*Employee's Signature*

\_\_\_\_\_  
*Date*

- CLASSIFIED PERSONNEL -

**Confidentiality of Records**

Personnel evaluation records, specifically the personnel evaluation folder and its contents, will be kept as a part of the employee's personnel file and will be treated with the same confidentiality as other personnel records. During an appeal/hearing, evaluation records will be kept in a secure location designated by the Superintendent