

### Employee Self-Evaluation and Supervisor Evaluation

	<b>Cheerleader Advisor</b>	
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Employee	Position Title	Date
0. Not Applicable or Observed	3. Expected Performance	E=Employee
1. Unsatisfactory Performance	4. Exceeds Expected Performance	S=Supervisor
2. Average Performance		

E	S	<b><u>I. Personal Qualities</u></b>
		Presents a positive attitude
		Communicates & works cooperatively
		Is neat in appearance & dresses appropriately
		Maintains confidentiality & honesty
		Functions in a positive attitude

**Category Evaluation**

	Employee		Supervisor
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E	S	<b><u>II. Attendance</u></b>
		Attends all meetings as required; attends in a prompt manner and remains throughout the meeting.

**Category Evaluation**

	Employee		Supervisor
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E	S	<b><u>III. Scheduling/Preparing for Events</u></b>
		Provides whatever assistance that is required as set forth by the athletic director.
		Is responsible for following the schedule of games for the assigned teams.

		Assumes other duties as may be assigned by the athletic/activities director.
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**Category Evaluation**

	Employee		Supervisor
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E	S	<b><u>IV. Knowledge of Policies &amp; Regulations</u></b>
		Enforces all rules of Monroe School District.
		Reports and records any injury requiring medical attention immediately.
		Keeps the safety and welfare of the students above all other considerations.
		Assists the athletic director in keeping a log of all injuries.
		Fills out a school accident report on all injuries for student athletes.
		Follows District policy/handbook

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E	S	<b><u>V. Interpersonal Skills/Personal Skills</u></b>
		Develops a positive working relationship within the community.
		Cooperates with all coaches in promoting and providing the best total sports program possible.

		Participation in summer programs or off-season workouts is not a prerequisite for participation in Monroe High School athletics.
		Encourages good sportsmanship, fair play and ethical conduct (set an example as a role model by conducting his/her self in such a manner as to not receive a technical foul or its equivalent.)

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E	S	<b>VI. Timeliness</b>
		Returns requests for information by the date and time specified.
		Arrives on time and works scheduled hours.
		Notifies the Athletic Director in the event of illness or other times he/she can't attend a scheduled practice.
		Promptly informs the Athletic Director of problems that need attention.

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E	S	<b>VII. Interest in Coaching Students</b>
		Demonstrates specific organizational skills in practice/game situation.
		Develops positive leadership skills in the athletes under his/her leadership.
		Teaches the skills and strategies of the activity.

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E	S	<b>VIII. Supervisory Skills/performance</b>
		Assumes responsibility for giving medical attention.
		Assumes responsibility for repairing equipment.

		Assumes responsibility for preparing facilities.
		Assumes responsibility for maintenance of facilities.
		Assumes responsibility for coping with varying amounts of pressure to perform in an outstanding manner.

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E	S	<b>IX. Supervisor of student athletes</b>
		Supervises the playing area or dressing rooms until all participants have left the area.
		Is responsible for the personal and professional appearance of each student athlete involved in the particular sport during practice, athletic contests and game days.
		Allows no student athlete to participate in facilities or equipment that presents unsafe conditions.
		Allows no athlete to participate in athletic contests unless he/she has been in full attendance on the day of the contest and the day after when the game falls on a school day. Verifies that no athlete is allowed to practice unless he/she been in full attendance on the day of practice.

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1. I feel I have shown development and growth in my position because: (list classes taken, work- shops attended, independent study, etc.)

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2. Commendations or areas during the last year for which I would like to be recognized are:

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**Overall Evaluation**

<input type="checkbox"/>	Employee	<input type="checkbox"/>	Supervisor
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**Evaluator's Recommendation for:**

Continued Employment

Plan of Assistance

Termination

Comments:

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Evaluator's Signature

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Date

I have read this appraisal of my performance and discussed it with the evaluator.

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

\_\_\_\_\_  
Date

Statement by employee attached.  Yes  No