CODE: GCN/GDN-Form-60

APPROVED: 09/14/15

REVISED: REVIEWED:

Classified Employee Self-Evaluation and Supervisor Evaluation

	Health Clerk	
Employee	Position Title	Date
 Not Applicable or Observed Unsatisfactory Performance Average Performance 	3. Expected Performance4. Exceeds Expected Performance	E=Employee S=Supervisor

Е	S	I. Personal Qualities
		Presents a positive attitude by appearance, personal neatness, personal habits and punctuality.
		Communicates & works cooperatively with other members of the staff & public.
		Is neat in appearance and dresses appropriately for the position.
		Maintains confidentiality and honesty in performing assigned tasks.
		Functions in a positive attitude where there is pressure, frequent interruptions, & in an atmosphere which may be stressful.

Category Evaluation

Employee	Supervisor

Е	S	II. General
		Maintains student medical files.
		Maintains all immunization records.
		Track exclusions.
		Applies first aid treatment when needed.
		Maintains medication administration log.
		Stores & secures medication.
		Follows medication instruction & guidelines.

Presents a positive image for the District
Follows District policy/handbook
Uses the computer for a daily check.
Enters data for all required reports in an accurate & timely manner.
Other duties as assigned

Category Evaluation

Employee Supervisor

Е	S	III. Timeliness
		Turns in time sheet as required
		Keeps time sheet current
		Meets deadlines
		Attends meetings as required

	Arrives on time w	orks scheduled hours]
	Manages time prop		
		oal in event of illness	
		pal of problems that need	
Cate	egory Evaluation		J
	Employee	Supervisor	
1.	I feel I have shown of independent study, e		my position because: (list classes taken, work- shops attended,
2.	Commendations or a	areas during the last year for	which I would like to be recognized are:
3.	site councils, comm		nt outside the position responsibilities that are job related: (i.e. ivities, coaching, etc.) Do not include community or civic
Ove	rall Evaluation		Evaluator's Recommendation for:
	Employee	Supervisor	Continued Employment Plan of Assistance
Com	nments:		Tan of TonselliesTremination
	uator's Signature		Date
I hav	re read this appraisal of	my performance and discuss	sed it with the evaluator.
Emp	loyee's Signature		Date
State	ement by employee atta	chedYesNo	