

**THE SCHOOL DISTRICT OF OSCEOLA COUNTY, FLORIDA**

**PROFESSIONAL SUPPORT STAFF ASSESSMENT**

NAME Last	First	Middle	EMPLOYEE ID NUMBER
POSITION	SCHOOL DEPARTMENT		DATE _/_/___
PRINCIPAL/ADMINISTRATOR NAME	OTHER(S) HAVING INPUT IN THIS ASSESSMENT		PROBATION <input type="checkbox"/> ANNUAL <input type="checkbox"/>

**EVALUATION RATINGS**

For the Performance Factors listed below, please indicate the effectiveness with which they were applied in achieving the results. When assessing each factor, apply the following broad definitions: *(if a rating of 3 or 4 is used, a Performance Improvement Plan - FC-710-1959 must be attached.)*

- |                       |  |
|-----------------------|--|
| 1. STRENGTH           | Positive impact on results   |
| 2. SATISFACTORY       | Consistently meets expectations  |
| 3. DEVELOPMENT NEEDED | Needs to increase present effectiveness to meet the requirements of the position |
| 4. UNSATISFACTORY     | Considerable room for improvement; negative impact on results                    |

**JOB PERFORMANCE**

PERFORMANCE FACTORS	1	2	3	4	COMMENTS: Use additional pages as necessary to explain rating
JOB KNOWLEDGE: Has the knowledge to do job effectively and stays abreast of changes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
QUALITY/QUANTITY OF WORK: Accuracy, timely performance and thoroughness of work product	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
INTERACTION: Interacts in a positive way with others.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
WORK ATTITUDE: Strong positive attitude – supports and helps others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
PUNCTUALITY/ATTENDANCE: Reports and leaves work on time – Works scheduled hour/days.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
SAFETY: Maintains safe work area and practices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
RESPONSIBILITY: Accepts responsibility for actions and assignments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
APPROPRIATE DRESS FOR JOB: Attire is consistent with policy and employee safety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
ADAPTABILITY/FLEXIBILITY: Able to adapt to changing responsibilities and conditions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

**SIGNATURES**

This Assessment has been discussed with me: (check one)  I agree with the contents  I disagree with the contents  
 I understand that I have 10 days to respond in writing to this evaluation as provided by contract and School Board policy.

\_\_\_\_\_  
Principal/Administrator Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date