

# ROLLING RIVER SCHOOL DIVISION POLICY

## Evaluation Guidelines - Support Staff

GDN/P

The Board believes that the evaluation of all employees is important:

- to recognize exemplary performance;
- to improve job performance and job satisfaction through an objective analysis of performance and position responsibilities;
- to evaluate future potential through an evaluation of individual interests and abilities; and
- to provide opportunities for personal and professional growth geared to the needs of the department/school and to the individual.

Employees performance evaluation will be completed a minimum of once prior to the completion of the probationary period of six months from date of employment in a job and a minimum of every three years thereafter.

Responsibility for completion and the format of evaluation will be as per regulation.

### **Index Regulation**

**Date Adopted:** May 07, 1992

**Date Revised:** May 16, 2007

**Date Reaffirmed:** October 19, 2011

**Date Reaffirmed:** May 25, 2016

**Date Revised:** November 18, 2020

# ROLLING RIVER SCHOOL DIVISION REGULATION

## Evaluation Guidelines - Support Staff

GDN/R

Performance evaluations shall be completed in a standardized format that reflects responsibilities and duties as per the job description and based on common responsibilities and interpersonal skills which relate to all support staff jobs as represented in Appendix A.

Performance evaluation reports will be signed by the appropriate supervisor(s) and the employee and filed in the employee's personnel file.

Responsibility for completion of performance evaluation is as follows. The Supervisor identified is responsible to seek input from the employee in his/her evaluation and to arrange a meeting with the employee to discuss the completed report.

- a) Maintenance Workers - will be evaluated by the Maintenance Supervisor.
- b) Head Custodian - will be evaluated jointly by the Maintenance Supervisor and the Principal. In the preparation of the report they will discuss the employee's work performance and prepare a consensus report.
- c) Cleaners - will be evaluated by the Principal. The Principal may request the input of the Head Custodian and the Maintenance Supervisor for the performance assessment. If deemed appropriate by the Principal and/or the Maintenance Supervisor, the Maintenance Supervisor may participate in the performance evaluation meeting with the employee.
- d) Mechanics – will be evaluated by the Supervisor of Transportation.
- e) Bus Drivers - will be evaluated by the Supervisor of Transportation.
- f) Educational Assistants – will be evaluated by the Principal. The Principal may request the input of the Student Services Coordinator and the Resource Teacher for the performance assessment of the Educational Assistant.
- g) Other School Based Support Staff - School Secretaries, Library Technicians, and other school-based support staff will be evaluated by the Principal.
- h) Administrative Support Staff - Administration Office - The Secretary-Treasurer will evaluate Administrative Support Staff assigned to the Administration Office. The Secretary-Treasurer will request as applicable, the input of the Accounts-Payroll Supervisor, Superintendent, Maintenance and Transportation Supervisors, Coordinator of Instruction, Curriculum, and Technology and Coordinator of Student and Clinical Services for performance assessment of Administrative Support Staff assigned responsibility to provide support in applicable departments.
- i) Information Technology Technicians– will be evaluated by the Supervisor of Information Technology.
- j) Information Technology Supervisor – will be evaluated by the Secretary-Treasurer.

### Index Policy

**Date Adopted:** May 07, 1992

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**THE ROLLING RIVER SCHOOL DIVISION – \_\_\_\_\_ - PERFORMANCE APPRAISAL/EVALUATION REPORT**

Name: \_\_\_\_\_

Date of Evaluation: \_\_\_\_\_

**PURPOSE:**

The purpose of the evaluation is to assess the performance of the individual and to identify strengths and areas requiring improvement in order to advise and assist the individual in the performance of his/her duties.

**PROCEDURE:**

**Regular Employees:** A complete summative evaluation shall be completed as a minimum requirement at least once every three (3) years. Additional evaluations may take place on an annual or more frequent basis as deemed necessary.

**Probationary Employees:** New employees will be evaluated during the probationary period.

All evaluation reports shall be completed, signed and dated by the employee's immediate supervisor and shall be signed and dated by the employee with provision for comments by either party.

<b>KEY RESPONSIBILITIES/DUTIES</b> (As per the Job Description)	<b>Meets Performance Requirements</b>	<b>Requires Improvement to Meet Performance Requirements</b>	<b>Comments:</b> Please provide detail on the effectiveness of the individual to meet performance requirements and/or the areas of performance requiring further development and improvement. <u>As required, please comment on the plans to achieve improvement.</u> (Attach additional pages if more space is required.)
_____: Appropriately, accurately, and effectively performs and maintains:			
_____: Appropriately, accurately, and effectively performs and maintains: <ul style="list-style-type: none"> <li>▪</li> </ul>			

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<p>_____:</p> <p>Appropriately, accurately, and effectively performs and maintains:</p> <ul style="list-style-type: none"> <li>▪</li> </ul>			
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<p><b><u>Other Duties as Assigned:</u></b> (As Listed - Attach additional pages if more space is required)</p>			

<b>ALL STAFF</b> <b>OTHER RESPONSIBILITIES/INTERPERSONAL SKILLS</b>	<b>Meets Performance Requirements</b>	<b>Requires Improvement to Meet Performance Requirements</b>	<b>Comments:</b> Please provide detail on the effectiveness of the individual to meet performance requirements and/or the areas of performance requiring further development and improvement. <u>As required, please comment on the plans to achieve improvement.</u> (Attach additional pages if more space is required.)
<b>Attendance and Punctuality:</b> Attends work, arrives at and departs from work as scheduled. Provides adequate notice of inability to attend work to appropriate personnel/ supervisor, due to approved reasons for absences.			
<b>Dependability/Reliability:</b> Accurately and punctually performs assigned duties as per defined deadlines.			
<b>Communication:</b> Effectively communicates with students, other employees and /or the public.			
<b>Attitude/Cooperation/Compatibility:</b> Participates in work activities and exchanges ideas productively with co-workers. Demonstrates positive relationships with students, other employees and the public. Works effectively as a contributing member of a team.			
<b>Response to Supervision:</b> Appropriately accepts, responds to and acts upon constructive criticism, guidance and direction as provided.			
<b>Independence and Initiative:</b> Appropriately and effectively plans, prioritizes and performs work independently and assists others as required.			
<b>Flexibility/Adaptability:</b> Effectively manages work interruptions and adapts to the changing needs of the workplace.			
<b>Professional Development:</b> Participates in and attends professional development as offered and/or required by the Division and/or as required to enhance work performance and skill.			
<b>Confidentiality:</b> Maintains and respects confidentiality of information. Utilizes appropriate practices to maintain confidentiality in the workplace.			

**GOALS:**

Please comment on work and personal goals identified by the supervisor and the employee: (Attach additional pages if more space is required.)

1. Goals that have been achieved over the past \_\_\_ years/months.

2. Goals that are planned to be achieved over the next \_\_\_ years/months.

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**OTHER COMMENTS:** (Attach additional pages if more space is required.) \_\_\_\_\_

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AS APPLICABLE:

**PROBATION:** Recommended for employment beyond probation period, if applicable:  Yes  No

**COMMENTS:** \_\_\_\_\_

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**SIGNATURE(S) OF EVALUATOR(S):**

_____ Signature of Evaluator	_____ Title	_____ Date	_____ Signature of Evaluator	_____ Title	_____ Date
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**COMMENTS BY EMPLOYEE:** (Attach additional pages if more space is required.) \_\_\_\_\_

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**SIGNATURE OF EMPLOYEE:** This report has been read by me and has been discussed with me.

_____ Signature of Employee	_____ Date
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