					D UNSATISFACTORY	E DOES NOT APPLY	
							SECTION B: <u>Record job STRENGTHS and superior performance.</u>
							SECTION C: Record PROGRESS ACHIEVED in attaining previously set goals for improved work performance for personal or job qualification.

	GENERAL SKILLS						
1.	Complies with policies, regulations, and procedures.	�damp	☐	☐	☐	☐	**SECTION D:** Record specific GOALS OR IMPROVEMENT PROGRAMS to be undertaken during the next evaluation period.
2.	Maintains a good attendance record.		☐	☐	☐	☐	
3.	Observes time/work schedules.		☐	☐	☐	☐	
4.	Presents an appropriate appearance.		☐	☐	☐	☐	
5.	Uses materials/equipment safely and economically.	☐	☐	☐	☐	☐	
6.	Plans, organizes, and prioritizes work effectively.	☐	☐	☐	☐	☐	
7.	Relates respectfully and courteously to students.	☐	☐	☐	☐	☐	**SECTION E:** Record specific work performance DEFICIENCIES or job behavior requiring improvement or correction. Explain checks in Column D.
8.	Responds to needs of community/parents in a professional manner.	☐	☐	☐	☐	☐	
9.	Works courteously and relates effectively with fellow employees.	☐	☐	☐	☐	☐	

					☐	☐	
12.	Completes satisfactory volume of quality work within a reasonable time frame.	☐	☐	☐	☐	☐	SUMMARY EVALUATION – Check overall performance : ☐ Outstanding ☐ Needs to Improve ☐ Competent/Meets Standards ☐ Unsatisfactory An overall rating below "Competent/Meets Standards" will NOT be forwarded to employee's Personnel File for TEN working days after receipt of his/her copy.
13.	Demonstrates ability to make independent judgments.	☐	☐	☐	☐	☐	
14.	Willingly accepts suggestions/directions.	☐	☐	☐	☐	☐	
15.	Shows an interest in self-improvement.	☐	☐	☐	☐	☐	RATER: ☐ I DO ☐ I DO NOT recommend this employee be granted permanent status.
16.	Understands department/school objectives and works to achieve them.	☐	☐	☐	☐	☐	
17.	Keeps lines of communication open between self and supervisor.	☐	☐	☐	☐	☐	Signature: Title: Date:
	COUNSELING TECHNICIAN SKILLS						REVIEWER: (If none, so indicate)
1.	Demonstrates typing and proofreading ability to produce a quality document.	☐	☐	☐	☐	☐	
2.	Demonstrates ability to work independently.	☐	☐	☐	☐	☐	Signature: Title: Date: