

WOBURN PUBLIC SCHOOLS

ADMINISTRATIVE ASSISTANTS ANNUAL EVALUATION FORM

Date: \_\_\_\_\_ Name of Employee: \_\_\_\_\_

Employee's Location: \_\_\_\_\_

Six Month Civil Service Probation Review \_\_\_\_\_ Date of Appointment \_\_\_\_\_

Annual Review \_\_\_\_\_

Immediate Supervisor's evaluation of the above employee in the following areas:

	Excellent	Good	Needs Improvement	Unsatisfactory
1. <u>QUALITY OF WORK</u> Accuracy, Presentability, Neatness	_____	_____	_____	_____
2. <u>WORK HABITS</u> Ability to Grasp Instructions and follow through, Initiative, Organization, Dependability	_____	_____	_____	_____
3. <u>PROFESSIONALISM</u> Discretion, Tact, Courteous	_____	_____	_____	_____
4. <u>ATTITUDE</u> Towards Work, Constructive Criticism	_____	_____	_____	_____
5. <u>ATTENDANCE</u> Absences, Tardiness	_____	_____	_____	_____

**EVALUATOR'S COMMENTS:**

**SIGNATURE OF PERSON MAKING EVALUATION:** \_\_\_\_\_

**\*SIGNATURE OF PERSON EVALUATED:** \_\_\_\_\_

**DATE** \_\_\_\_\_

**EMPLOYEE'S COMMENTS:**

**\*Signature signifies that person evaluated has received a copy of the report. Signature does not necessarily mean agreement with the evaluation.**