

**INDEPENDENT SCHOOL DISTRICT NO. 1
LEWISTON, IDAHO**

60 TO 90 DAY INTRODUCTORY REVIEW FOR E. S. P.

EMPLOYEE'S NAME: _____ POSITION: _____

SCHOOL/DEPARTMENT: _____ EVALUATOR: _____

Check columns below to indicate performance in meeting job requirements. Items or factors marked in the third column should be explained in "comments" section.

Column 1 - Exceeds Standard
Column 2 - Meets Standard

Column 3 - Falls Below Standard
Column 4 - Not Applicable

1. WORK HABITS

1 2 3 N/A

Observance of working hours

Attendance

Observance of rules & regulations

Compliance with work instructions

Work attitude

Care of district property

Comments:

2. PERSONAL-RELATIONS

Cooperation with other employees

Personal appearance

Works and relates well with students

Comments:

3. JUDGEMENT

Ability to make decisions

Accuracy of judgment

Comments:

4. QUANTITY AND QUALITY OF WORK**1 2 3 N/A**

Amount of work performed

Completion of work on schedule

Accuracy of work

Neatness of work

Thoroughness

Organization and planning

Comments:

5. GENERAL CHARACTERISTICS

Ability to carry out responsibilities

Shows interest in assignment

Shows leadership ability

Approachability

Comments:

ADDITIONAL COMMENTS:

SUMMARY: The employee has a general performance rating of:

Acceptable _____ Needs Improvement _____ Unacceptable _____

Employee signature indicates only that he/she was reviewed, has read the review, and has had an opportunity for discussion. The employee may attach a rejoinder and/or discuss the content of this report with the immediate supervisor. No waiver of rights by the employee or district is effectuated by execution of this document and both parties fully reserve any and all rights they might have had prior to execution hereof.

Employee_____
Date_____
Supervisor_____
Date