



**Waseca Public Schools  
Independent School Dist. 829  
Formative Evaluation Form for Non-Licensed Employees**

Name:	Observation/Review Date:
Evaluator:	School:
Setting Observed:	<input type="checkbox"/> Probationary <input type="checkbox"/> Non-Probationary

N/A= Not Assessed      U= Unsatisfactory      B= Basic      P= Proficient      D= Distinguished

Year Proficiency (P)  
Expected  
1 2 3

**Domain 1: Professional Behavior**

**Performance Level**

- |   |    |   |   |   |   |
|---|----|---|---|---|---|
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Attendance: Faithfulness in coming to work on time, as scheduled.  | NA | U | B | P | D |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Promoting a Professional Attitude & Culture: The way in which one expresses themselves & demonstrates professional behavior at the workplace.          | NA | U | B | P | D |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Communication: Written, verbal, non-verbal, & listening skills.  | NA | U | B | P | D |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Adaptability & Flexibility: The ability to adjust to changing situations and maintain professional demeanor under pressure.                            | NA | U | B | P | D |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Prioritization, Organization, & Time Management: The productive use of time during the work day, the ability to prioritize tasks and work efficiently. | NA | U | B | P | D |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Professional Appearance & Workspace: Personal cleanliness, appropriate dress, and a safe, orderly work environment.                                    | NA | U | B | P | D |

Comments:

**Domain 2: Job Skills**

**Performance Level**

- |  |    |   |   |   |   |
|--|----|---|---|---|---|
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Basic Technology Skills: Word processing, spreadsheet, email, and voicemail utilization.  | NA | U | B | P | D |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Job Specific Technology Skills: Utilization of the specific technology Applications that are necessary for specific positions. (e.g. District Student Information System, the Finance System, etc.) | NA | U | B | P | D |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Job Skills: (Supervisor should list skills which are expected for this Particular position and comment on the employee's skill level.)  | NA | U | B | P | D |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Skill: _____  | NA | U | B | P | D |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Skill: _____  | NA | U | B | P | D |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Skill: _____  | NA | U | B | P | D |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Skill: _____  | NA | U | B | P | D |

Skill: \_\_\_\_\_ NA U B P D

Skill: \_\_\_\_\_ NA U B P D

Comments:

### Summary

Major Areas of Strength:

Possible Areas for Growth:

These can be strengthened by doing the following:

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**My signature below acknowledges that I have received a copy of my evaluation dated \_\_\_\_\_.  
I was also provided the opportunity to view and discuss this evaluation.**

**Initials and date indicate that professional has received but does not agree with evaluation.  
Signature and date indicate that professional has received and agrees with evaluation.**

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_