



**SUPPORT STAFF EVALUATION FORM**

Name \_\_\_\_\_ SS# \_\_\_\_\_ Date \_\_\_\_\_

Title \_\_\_\_\_ Evaluation Period: From \_\_\_\_\_ to \_\_\_\_\_

Please answer the following questions and/or circle the appropriate rating in each category.  
Additional sheets may be attached.

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|-------------------------------------|--|
| <b>5</b> - Outstanding              | Employee consistently exceeds established standards and goals                                      |
| <b>4</b> - Above Expected Standards | Employee consistently accomplishes objectives with occasional instances of exceptional performance |
| <b>3</b> - Meets Expected Standards | Employee effectively performs job duties and position objectives                                   |
| <b>2</b> - Below Expected Standards | Employee sometimes meets established objectives, but lacks consistency                             |
| <b>1</b> - Poor                     | Employee meets established objectives only occasionally  |
| N/A                                 | Not applicable   |

1. **Performance of position description responsibilities.** 5 4 3 2 1

2. **Quality of work:** acceptability of finished product. 5 4 3 2 1

3. **Productivity:** quantity of acceptable work completed in a reasonable amount of time. 5 4 3 2 1

4. **Initiative:** self-starting ability, independent action, finds new ways of doing things, suggests improvements. 5 4 3 2 1

5. **Professionalism:** interpersonal skills, general effect on others, cooperation. 5 4 3 2 1

6. **Communicative skills:** verbal and written communication, listening ability, telephone courtesy. 5 4 3 2 1



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7. **Decision-making:** ability to make sound/logical decisions, analyze problems objectively.

5 4 3 2 1

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8. **Dependability:** attendance, adherence to office hours.

5 4 3 2 1

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9. **Planning:** ability to establish priorities, schedule time effectively, arrange and coordinate action.

5 4 3 2 1

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10. **Commitment:** dedication to service, application to job, concern for welfare of total office.

5 4 3 2 1

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11. **Overall Evaluation.**

5 4 3 2 1

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**Comments by Evaluator:**

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Signature of Evaluator \_\_\_\_\_ Date \_\_\_\_\_

I have reviewed this evaluation with my supervisor, and I ( ) agree or ( ) disagree.

**Comments by Employee:**

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Signature of Employee \_\_\_\_\_ Date \_\_\_\_\_