



CONFIDENTIAL

**FRONTIER SCHOOL DIVISION
PERFORMANCE ASSESSMENT AND DEVELOPMENT PLAN
CLERICAL AND SECRETARIAL EMPLOYEES**

EMPLOYEE'S NAME: _____

POSITION: _____ **SCHOOL/OFFICE:** _____

ASSESSMENT PERIOD FROM: _____ **TO:** _____

TYPE OF EVALUATION: _____ PROBATION _____ MERIT _____ REGULAR

The purpose of this assessment is to:

1. Confirm job expectations and standards.
2. Provide objective feedback to the employee regarding job performance.
3. Provide a regular opportunity for the supervisor and employee to meet to set goals for the job performance and professional development plans to ensure standards are met.
4. Put in place plans to correct or improve performance where required.
5. To provide documentation to process a pay increment, a change in status from probation to permanent status, extend the probation period when necessary and provide documentation regarding job performance.

RECOMMENDATION. To be completed by Supervisor.

- _____ Completed Probation
- _____ Extend Probation to _____ . _____ Terminate
- _____ Approve merit increase from Step _____ to Step _____ .
- _____ Do not approve merit increase.
- _____ Follow-up evaluation scheduled for: _____

Supervisor's Recommendation: _____ **Date:** _____

Senior Administrator's Approval: _____ **Date:** _____

EMPLOYEE'S SIGNATURE: _____ **Date:** _____

Signature does not denote agreement, only that the evaluation has been read. See "Employee Comments" section.

INSTRUCTIONS

Please refer to Policy GJA Evaluation of Non-teaching Employees.

Supervisor

- a) Advise the employee that an assessment meeting will occur and the date of the meeting, at least one week in advance.
- b) Provide a copy of a blank assessment form to the employee and request that the employee complete a self-assessment in preparation for the meeting.
- c) Objective input may be obtained from the employees' peers i.e. individuals with whom the employee works or interacts with on a regular basis. Agreement will be reached between the employee and the supervisor on who will be requested to provide input. Those selected will be provided with a blank copy of the form to complete. All peer assessments will be compiled in a summary. The summary will be attached to the assessment.
- d) Complete your own assessment of the employees' performance in draft form, to be discussed with the employee during the meeting. Provide examples for illustration.
- e) During the meeting, the employee and the supervisor will discuss the employee's self-assessment and the supervisor's assessment.
- f) Discuss the goals and objectives to be reached and determine appropriate timelines for each goal.
- g) The final assessment form will be prepared by the supervisor following the meeting.
- h) Give the employee the completed form to review, add comments and sign.
- i) Submit the completed form to the Division office for processing; or to the Senior Administrator where probation or merit increase is not approved.

Employee

- a) The Supervisor will provide the employee with a blank assessment form, for the employee to prepare a self-assessment. The self-assessment will not be filed in the personnel file but will be used in discussions with the supervisor.
- b) Peers may be selected to provide objective input of an employees performance. The employee and the supervisor will agree on who will be requested to provide input. The peers selected will be given a blank copy of the assessment form to complete. The peer will be instructed to comment only on those things observed during direct interactions with the employee. The comments provided to the supervisor by the peers will be summarized and provided to the employee. A copy will also be attached to the assessment form.
- c) During the meeting, the employee and the supervisor will discuss the assessment and set goals and objectives for the following year.
- d) The supervisor will complete the assessment form following the meeting with the employee and forward it to the employee for comments and signature.
- e) Return the signed form to the supervisor. Signing the form indicates the assessment has been read by the employee. It does not denote agreement with the assessment.
- f) If the employee does not agree with the assessment, the employee may include comments.

Peer Assessor

- a) Peer assessors will be provided with a blank copy of the evaluation form.
- b) Peer assessors will provide assessments only on those aspects of the job where the employee has had direct interactions with the peer. Examples may be provided.
- c) The peer will complete the form and return it to the supervisor.
- d) The supervisor will compile a summary of the peer assessments received and provide a copy of the summary to the employee. A copy will also be attached to the assessment form.

Senior Administrator

- a) Review the document and complete the authorization and recommendation section.
- b) Submit the completed form to the Division office, attention: Human Resources Coordinator to follow-up on recommendations made.

DEFINITIONS OF PERFORMANCE CATEGORIES

1. N/A

This skill or criteria is not required in the employee's position.

2. UNSATISFACTORY

This performance category is used when an individual does not meet one or more of the fundamental requirements of the skill, criteria or position and additional development of skills and knowledge is required.

Examples might be: quality of work depicts serious shortcomings, the quantity produced is below acceptable standards, and the results are inadequate; due dates are often missed, lack of understanding of job after review with supervisor, insufficient attempt or lack of ability to improve and little initiative in work and accomplishment; Working relationships with others are poor to the point of being seriously detrimental to the work; Work is generally completed on schedule but, in some instances, time frames are exceeded; has on occasion required additional direction and overseeing; most policies and procedures are understood but some objectives have not been realized.

3. SATISFACTORY

This performance category represents competence and adeptness. This level of performance consistently meets all of the requirements of the skill, criteria or position. The criteria and expectations have been met and may sometimes have been exceeded.

Examples might be: always completes work on time and within budget; work is error free; works within agreed upon responsibilities and objectives; policies and procedures are clearly understood and successfully applied; thoroughly comprehends and contributes to the role and mission of the work unit.

4. SUPERIOR

This performance category represents tangible breakthroughs in work over the course of the performance period beyond the satisfactory level. This rating is selected when an employee's performance is consistently beyond the requirements of the skill, criteria or position.

Examples might be: employee always completes work, on time and within budget, and usually ahead of both; works well independently; identifies solutions to most problems; responsibilities and objectives have often been surpassed; seeks additional responsibilities successfully manages several activities or projects within the same time frame; identifies areas where practices or policies might be improved. Impact upon the unit is extraordinary in terms of amount and quality of work accomplished; consistently identifies the need of the organization and devises new concepts and innovative solutions to significant problems.

Performance Categories:

- N/A Not applicable
- 1. Unsatisfactory
- 2. Satisfactory
- 3. Superior

A. GENERAL SKILLS

- | | | | | |
|---|-----|---|---|---|
| 1. Organizational Skills: the ability to plan ahead, manage time, accomplish tasks effectively. | n/a | 1 | 2 | 3 |
|---|-----|---|---|---|

Example, Comment: _____

- | | | | | |
|--|-----|---|---|---|
| 2. Working Relationships: interacts professionally with supervisors, peers, teachers, students and the public. | n/a | 1 | 2 | 3 |
|--|-----|---|---|---|

Example, Comment: _____

- | | | | | |
|--|-----|---|---|---|
| 3. Communication Skills: the ability to exchange information accurately and effectively both verbally and in written form, in a timely manner. | n/a | 1 | 2 | 3 |
|--|-----|---|---|---|

Example, Comment: _____

- | | | | | |
|---|-----|---|---|---|
| 4. Quality of Work: The level of thoroughness, accuracy and neatness of work which is produced. | n/a | 1 | 2 | 3 |
|---|-----|---|---|---|

Example, Comment: _____

- | | | | | |
|---|-----|---|---|---|
| 5. Problem Solving: The ability to tackle problems on his/her own when appropriate and find constructive solutions. | n/a | 1 | 2 | 3 |
|---|-----|---|---|---|

Example, Comment: _____

6. Adaptability: The ability to adjust to changing conditions, procedures, job interruptions, deadlines. n/a 1 2 3

Example, Comment: _____

7. Reliability: The ability to attend work on a punctual , consistent basis. n/a 1 2 3

Example, Comment: _____

B. TECHNICAL SKILLS

1. Keyboarding speed, accuracy and layout. n/a 1 2 3

Example, Comment: _____

2. Organization and accuracy of filing, information retrieval. n/a 1 2 3

Example, Comment: _____

3. Reception and telephone skills. n/a 1 2 3

Example, Comment: _____

4. Knowledge of office and division procedures. n/a 1 2 3

Example, Comment: _____

5. Arranging meetings, trips, conferences. n/a 1 2 3

Example, Comment: _____

6. Composing correspondence. n/a 1 2 3

Example, Comment: _____

7. Compiling data and information in appropriate formats. n/a 1 2 3

Example, Comment: _____

8. Use of office machines. n/a 1 2 3

Example, Comment: _____

C. BOOK-KEEPING AND ACCOUNTING SKILLS

1. Knowledge and understanding of basic Bookkeeping or accounting. n/a 1 2 3

Example, Comment: _____

2. Verification of school accounts, corporate purchasing card, purchase orders. n/a 1 2 3

Example, Comment: _____

3. Accuracy and verification of time sheets and payroll reports. n/a 1 2 3

Example, Comment: _____

4. Handling and recording of various receipts, cheques received and issued, deposits, trial balances, reconciliation of bank statements. n/a 1 2 3

Example, Comment: _____

D. SUPERVISORY

- | | | | | | |
|----|---|-----|---|---|---|
| 1. | Training of new employees: the ability to initiate new employees to the work they are to perform, and assist them in the process of integration within the environment. | n/a | 1 | 2 | 3 |
|----|---|-----|---|---|---|

Example, Comment: _____

- | | | | | | |
|----|--|-----|---|---|---|
| 2. | Distribution and coordination of work: the ability to assign tasks in an effective manner and ensure their completion. | n/a | 1 | 2 | 3 |
|----|--|-----|---|---|---|

Example, Comment: _____

- | | | | | | |
|----|--|-----|---|---|---|
| 3. | Leadership: the ability to motivate, elicit a cooperative approach, and provide assistance when necessary. | n/a | 1 | 2 | 3 |
|----|--|-----|---|---|---|

Example, Comment: _____

- | | | | | | |
|----|--|-----|---|---|---|
| 4. | Decision making: the ability to deal with difficult situations in a constructive manner and take appropriate action. | n/a | 1 | 2 | 3 |
|----|--|-----|---|---|---|

Example, Comment: _____

E. OTHER TECHNICAL SKILLS REQUIRED AND NOT INCLUDED

Please list: _____

Comments: _____

F. PLANS, GOALS AND OBJECTIVES FOR FUTURE DEVELOPMENT (please list)

To be completed by:

_____	_____
_____	_____
_____	_____

G. OVERALL ASSESSMENT

1 2 3

H. EMPLOYEE'S COMMENTS:

Signature

Date

EMPLOYEE: This report has been discussed with me and I have received a copy. I have/have not attached comments.

Signature

Position

Date

The employee's signature denotes the contents were read by the employee. Signature does not denote agreement with the assessment. Employees may attach their own comments to the evaluation.

SUPERVISOR RECOMMENDATION:

Probation: Employee has successfully passed probation _____
Request an extension and re-evaluation in _____ months.
Performance is below standard. Do not retain on staff. _____

Merit Increase: Approve merit increase. _____
Do not approve merit increase. _____
Extend assessment period to _____

Regular Assessment: Employee's performance is assessed as per section G.
Goals for future development have been determined. _____

I have supervised this employee _____ years/months and have provided the employee with a copy of the completed evaluation form.

Supervisor's Signature

Position

Date

Signature

Date

SENIOR ADMINISTRATOR: I have read this report and approve ____ do not approve ____ the recommendations of the supervisor. The recommended action is outlined below.

Signature

Title

Date

For office use:

Pay increment processed effective: _____