



# Classified Evaluation Short Form

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_  
TITLE: \_\_\_\_\_ DEPARTMENT: \_\_\_\_\_

## -- To be Completed by SUPERVISOR --

***INSTRUCTIONS: To be prepared separately by supervisor before meeting with employee. To be attached to completed employee evaluation and submitted to the Human Resources Department. Complete all sections.***

- 1) Identify the significant accomplishments employee has achieved since previous evaluation:
  
  
  
  
  
  
  
  
  
  
- 2) Employee's progress on goals and/or objectives from previous evaluation. Were goals/objectives for employee achieved since previous evaluation period?  
Yes [  ] No [  ] If no, answer 2a and 2b below.
  - a. What action has been taken by supervisor to assist in the achievement of those goals and/or objectives?
  
  
  
  
  
  
  
  
  
  
  - b. What action has been taken by employee to assist in the achievement of those goals and/or objectives?
  
  
  
  
  
  
  
  
  
  
- 3) Identify areas for continued growth and/or a goal or objective in the next evaluation cycle.

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**EVALUATOR’S RECOMMENDATION**

- Step increase
- No step increase available

**EMPLOYEE CONFERENCE/SIGNATURE:**

*In signing the Classified Evaluation Short Form, the employee acknowledges having seen and discussed the report. The employee's signature does not necessarily indicate agreement with the conclusions of the evaluator. The employee may submit a response to this report, in writing, to the evaluator with a copy to the Office of Human Resources within ten (10) working days from the date of this report. That copy will be attached and filed with the Evaluation Report Form (Section 87031, California Education Code).*

Signature of Evaluator	Date	Signature of Employee	Date
(Printed Name of Evaluator)		(Printed Name of Employee)	
(Printed Title of Evaluator)		(Printed Title of Employee)	