



RANCHO SANTIAGO COMMUNITY COLLEGE DISTRICT EMPLOYEE PERFORMANCE EVALUATION	
Employee Name:	ID Number:
Job Title:	Location and Department:
Covered Period of Evaluation - From: _____ to: _____	

Status (please check one)

Probationary:	3-Month	5-Month
Promotional:	6-Month	
Regular:	3-Year	Special Evaluation

Required for 3-Month or 5-Month Probationary Employees Only (please check one and sign)

Regular Status Recommended:	No	Yes	Date: _____
Immediate Supervisor (signature): _____			

Performance evaluations are essential for recognizing employee contributions, supporting professional development, and aligning individual efforts with the District and College's mission and goals. Regular, timely evaluations foster open communication between staff and supervisors, offering opportunities for feedback, improvement, and recognition.

Completion of the Form:

This evaluation form is intended solely for Classified Professionals. All evaluations must comply with the relevant Collective Bargaining Agreement (CBA); please review the applicable CBA and consult Human Resources with any questions before completing the form. The evaluation reflects the supervisor's assessment of the employee's job performance and achievement of goals aligned with their job classification, and areas in need of improvement.

The employee's immediate supervisor must complete the evaluation before being shared with the employee. Once completed and signed, the evaluation should be submitted to Human Resources for inclusion in the employee's personnel file.

The evaluation of classified employees will include the following information:

MS – Performance Meets Standards (Reflects work that consistently meets or exceeds expectations.)

NI – Performance Needs Improvement (Reflects work that does not consistently meet expectations.)

1. QUALITY OF WORK: Consider the employee's knowledge of the job and the extent to which the employee's work performance is competent, accurate, organized, and thorough.	
Overall Rating ___MS ___NI	Comments:
Recommendations for Improvement:	
2. QUANTITY OF WORK: Consider the extent to which the employee's work is completed in a timely manner, uses time effectively and is productive.	
Overall Rating ___MS ___NI	Comments:
Recommendations for Improvement:	
3. PUNCTUALITY / ATTENDANCE: Consider the extent to which the employee attends work regularly and is punctual by District standards.	
Overall Rating ___MS ___NI	Comments:
Recommendations for Improvement:	

4. PROFESSIONAL INTERACTIONS: Establishes and maintains effective respectful, cooperate and effective work relationships, offers assistance and support to co-workers. For student-facing positions, demonstrates a commitment to student success by providing clear guidance, timely information, and supportive interventions that empower students to navigate academic, personal, and career pathways. Consider the employee's ability to accurately and effectively transmit and receive information that is necessary to the accomplishment of position responsibilities.

Overall Rating	Comments:
___ MS	
___ NI	

Recommendations for Improvement:

5. ADAPTABILITY AND INITIATIVE: Understands and accepts new situations; uses good judgement, demonstrates professionalism, shows initiative, adapts to emergency situations, and works well without immediate supervision (if applicable)

Overall Rating	Comments:
___ MS	
___ NI	

Recommendations for Improvement:

6. LEAD WORK AND COORDINATION (if applicable): Demonstrates the essential skills, knowledge and ability to lead other employees in performing assigned tasks independent of direct supervisory oversight, including the demonstration of strong skills in collaboration, ensuring that team members have the support and tools needed to perform their jobs, and helping to foster a positive, inclusive, and accountable team environment. Assigned tasks are performed in a professional and timely manner, including providing timely work updates to their assigned supervisor.

Overall Rating	Comments:
___ MS	
___ NI	

Recommendations for Improvement:

7. PROFESSIONAL SELF-IMPROVEMENT: Consider the employee's ability to commit to continuous cycle of self-growth and progress by participating in professional development activities aimed at understanding culture, identity, self-expression, inclusion, sense of belonging and including expanding work-related competencies.

Overall Rating ___ MS ___ NI	Comments:
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Recommendations for Improvement:

Evaluator' Name (Print)

Evaluator's Signature

Date

Employee' Name (Print)

*Employee's Signature

Date

***Note: Signing this evaluation form does not constitute agreement with the evaluation. Employees have the right to attach a written response to this evaluation form within 30 business days.**