



**GRAND RAPIDS COMMUNITY COLLEGE
EDUCATIONAL SUPPORT PROFESSIONALS
(GRCCESP)
CHECKLIST EVALUATION**

NAME		JOB TITLE	
DATE OF EVALUATION		SUPERVISOR	

INSTRUCTIONS

- Supervisor and employee will each complete this form prior to the evaluation conference.
- Either party may attach additional information including career goals, development plans, areas of disagreement, additional contributions, etc.
- If "no" is checked below, employee and supervisor must attach comments including recommendations for improvement.

	YES	NO	N/A		YES	NO	N/A
JOB KNOWLEDGE				COOPERATION			
Understands duties/functions				Works harmoniously & effectively with others			
Understands policies & procedures necessary for job performance				Willing to help others with special & emergency work assignments			
QUALITY OF WORK				INITIATIVE/INNOVATION			
Meets requirements for accuracy				Introduces new ideas & methods to improve work processes			
Demonstrates thoroughness							
JUDGEMENT				COMMUNICATION			
Uses intelligence/common sense				Demonstrates effective written communication skills			
Can be relied upon to take appropriate action				Demonstrates effective oral communication skills			
DEPENDABILITY				SUPERVISION/LEADERSHIP			
Meets work schedules/deadlines				Delegates work effectively			
Meets attendance requirements				Supervises work of others effectively			

SUPERVISOR'S RECOMMENDATION

1. Are you satisfied with this employee's overall job performance?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
2. If yes, form to be used for next evaluation:	Initial	<input type="checkbox"/>	Checklist	<input type="checkbox"/>
3. If no, recommendations:				
<input type="checkbox"/> Place employee on probation from _____ (date) until _____ (date) or in accordance with the current GRCCOP contract.				
<input type="checkbox"/> Reassign employee				
<input type="checkbox"/> Dismiss employee				
Reason for above action:				
Supervisor's Signature				Date

EMPLOYEE'S VERIFICATION

<input type="checkbox"/> I have discussed this evaluation with my supervisor and AGREE with its contents.			
<input type="checkbox"/> I have discussed this evaluation with my supervisor and DISAGREE with its contents.			
Employee's comments (Additional sheets may be added if deemed necessary.)			
Employee's Signature			
		Date	



**GRAND RAPIDS COMMUNITY COLLEGE
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 (GRCCESP)
 PRE-EVALUATION CONFERENCE FORM
 FOR USE WITH CHECKLIST EVALUATION**

TO			
FROM			
DATE			
Your evaluation is scheduled ...	DATE	TIME	LOCATION
<p>To help prepare for the evaluation discussion, please complete the following self-evaluation and return a copy to your supervisor at least 48 hours prior to your scheduled evaluation.</p>			
Which aspects of your job do you like the best?			
Which aspects of your job do you like the least?			
What do you consider to be your greatest strengths?			

In what area(s) would you like to develop greater skills or expertise to be more effective in your job?

Please note below any specific item(s) or recommendation(s) you wish to discuss during the evaluation conference.