**CAMBRIDGE PUBLIC SCHOOLS**

**Food Service Department**

**Employee Performance Evaluation**

Employee’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Evaluation Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Hire\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Job Classification\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Extension Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 *(If Applicable)*

 **FIRST REVIEW PROGRESS REPORT SECOND REVIEW PROGRESS REPORT**

 (If Applicable)

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Category** | **U** | **I** | **M** | ***E*** |   **Comment** | **Category** | **U** | **I** | **M** | **E** |  **Comment** |
| Quality of Work |  |  |  |  |  | Quality of Work |  |  |  |  |  |
| Efficient |  |  |  |  |  | Efficient |  |  |  |  |  |
| Dependable |  |  |  |  |  | Dependable |  |  |  |  |  |
| Attendance *&* Punctuality |  |  |  |  |  | Attendance & Punctuality |  |  |  |  |  |
| Initiative |  |  |  |  |  | Initiative |  |  |  |  |  |
| Cooperates withFellow Employees |  |  |  |  |  | Cooperates withFellow Employees |  |  |  |  |  |
| Follows Supervisor’sDirections |  |  |  |  |  | Follows Supervisor’sDirections |  |  |  |  |  |
| Follows policies & procedures |  |  |  |  |  | Follows policies & procedures |  |  |  |  |  |
| Displays good interpersonal skills |  |  |  |  |  | Displays good interpersonal skills |  |  |  |  |  |
| Safety & Sanitation Consciousness |  |  |  |  |  | Safety & Sanitation Consciousness |  |  |  |  |  |
| Personal Hygiene |  |  |  |  |  | Personal Hygiene |  |  |  |  |  |

**KEY: U-Unsatisfactory, I-Improvement Necessary, *M- Meets Expectations, E – Exceeds Expectations***

ADDITIONAL COMMENT:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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NOTE*: INDICATE IF PROBATIONARY PERIOD IS EXTENDED (Requires approval of area director)*

Date of First Review\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Second Review\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Head of Kitchen\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Head of Kitchen\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee’s Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Employee’s Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Director’s Office/ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Director’s Office/ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_