



**Clark County Public Schools**

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# **Classified Employee Evaluation**

## **Forms and Procedures**

Revised August 2021

**Clark County Public Schools**  
**1600 W. Lexington Ave.**  
**Winchester, KY 40391**  
[www.clarkschools.net](http://www.clarkschools.net)

**Dr. Molly McComas**  
**Superintendent**

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## CLASSIFIED PERSONNEL EVALUATION PLAN

Clark County Public Schools  
1600 West Lexington Avenue  
Winchester, KY 40391  
859.744.4545

Dr. Molly McComas  
Superintendent

Dr. Tammy Parrish  
Director of Human Resources  
Classified Evaluation Contact Person

### **Classified Personnel Evaluation Plan Development and Appeals Committee Members:**

Melanie Henry	Benefits Specialist
Rebecca Lowry	Director of Food Service
Aleisha Ellis	Director of Finance
Teresa Taylor	Secretary II Central Office
Michelle Mitchell	Family Resource Director
Tammy Frye	Secretary Strode Station
Jen Sabatino	HR Assistant
Janie Jones	Secretary Human Resource
Billy Damron	Maintenance Technician
Bridgette Mann	Director of Special Education

**Clark County Public Schools**  
**Policy 03.28**  
**Classified Employee Evaluation Process**

Each classified employee shall be evaluated a minimum of one (1) time per year by April 15th. This evaluation shall be performed by the principal or the immediate supervisor and shall be based upon a formal procedure approved by the Superintendent for that specific position or class of positions. The individual(s) performing the evaluation shall share and discuss the evaluation report with the employee. The employee shall have the right to comment in writing on the evaluation report. The employee's written comments shall be attached to the evaluation report, and the report shall be filed with the Superintendent.

**Classified Personnel Defined**

"Classified employee" shall mean an employee of a local district who is not required to have certification for his/her position as required in KRS 161.020.

**Procedure 03.28 AP.21**

1. All classified employees shall be evaluated a minimum of one (1) time per year and the evaluation shall be completed by April 15.
2. Each employee will receive a copy of the evaluation document and an explanation of the evaluation process within thirty (30) days of reporting for employment.
3. The immediate supervisor (or designee) to the employee will be responsible for completing the evaluation and having a conference with the employee regarding the evaluation.
4. The employee will be given a copy of his/her evaluation and shall have the opportunity for a written response to his/her evaluation. The employee will be responsible for submitting the written response to the supervisor, to be included with the evaluation and placed in the personnel folder at the work location.
5. Any classified employee whose performance is not satisfactory at any point, or who receives a "does not meet" rating on the evaluation, will work with the supervisor to develop an individual corrective action plan.
6. All employees shall have the right to appeal his/her evaluation.
7. Employee summative evaluations shall be kept in the employee personnel file.

**I. Purpose**

- A. To establish procedure for evaluating all classified personnel based upon the quality of performance.
- B. To assist the individual employee in identifying accomplishments as well as to provide assistance for growth when needed.

**II. Design**

- A. All classified employees will be evaluated one (1) time per year by April 15th.
- B. All classified employees will have annual orientation to the evaluation process prior to the implementation of the evaluation plan.
- C. For new employees, this orientation will be given by the principal/supervisor within thirty (30) days of reporting for employment.

D. Rating Scheme

<b><u>Employee(s)</u></b>	<b><u>Evaluator(s)</u></b>
Custodian/Substitute Custodian	Principal/Supervisor/Administrative Director of Operations, Transportation and School Safety/Coordinator of District Support Services
Bus Driver/Substitute Bus Driver	Transportation Supervisor/Administrative Director of Operations, Transportation and School Safety/Coordinator of District Support Services
Bus Monitor	Transportation Supervisor /Administrative Director of Operations, Transportation and School Safety/Coordinator of District Support Services
Bus Mechanic	Transportation Supervisor/Vehicle Maintenance Service Manager/Administrative Director of Operations, Transportation and School Safety/Coordinator of District Support Services
Para educator	Principal/Supervisor/Lead Teacher/Athletic Director
Clerical Personnel	Principal/Supervisor
Food Service Personnel	Director of Food Service/School Nutrition Supervisor/Cafeteria Manager
Maintenance Personnel	Maintenance Supervisor/Administrative Director of Operations, Transportation and School Safety/Coordinator of District Support Services
Special Education/ELL/Migrant Personnel	Principal/Supervisor/Administrative Director of Exceptional Children Services, Preschool and Mental Health Services
Family Resource Youth Services Coordinator	Principal/Administrative Director of Student Accounting, Support Services and Administration
School Nurse	Administrative Director of Student Accounting, Support Services and Administration/District Health Coordinator/Principal
Social Worker	Principal/Supervisor

E. Disposition of Ratings

- Copy—Central Office Personnel File—Summative Evaluation only
- Copy—Evaluator—Total Evaluation
- Copy—Employee—Total Evaluation

**III. Evaluators**

Evaluators shall be trained and approved in the proper techniques for effectively evaluating classified employees.

**IV. Appeals Procedure**

Any employee who believes that he/she was not fairly evaluated may appeal his/her evaluation.

**Clark County Public Schools  
 Classified Employee Evaluation**

Employee Name \_\_\_\_\_ School Year \_\_\_\_\_

Worksite/School \_\_\_\_\_ Supervisor \_\_\_\_\_

- |   |  |  |   |
|---|--|--|---|
| <input type="checkbox"/> Bus Driver       | <input type="checkbox"/> H.R. Staff        | <input type="checkbox"/> Spec. Ed. Staff | <input type="checkbox"/> Cook/Baker         |
| <input type="checkbox"/> Custodian        | <input type="checkbox"/> Maintenance Staff | <input type="checkbox"/> FRYSC Coord.    | <input type="checkbox"/> Café. Mgr.         |
| <input type="checkbox"/> Para educator    | <input type="checkbox"/> Bus Mechanic      | <input type="checkbox"/> Nurse           | <input type="checkbox"/> Café. Assist. Mgr. |
| <input type="checkbox"/> Clerical/Schools | <input type="checkbox"/> Bus Monitor       | <input type="checkbox"/> Social Worker   | <input type="checkbox"/> Other              |

**Explanation of Scale:**

Meets (M)      Needs Growth (NG)      Does Not Meet (DNM)      Not Applicable (NA)

**Standard 1—General Performance**

**Provide service within the school, community, and educational profession to improve student learning and well-being.**

Performance Indicators	M	NG	DNM	NA
1.1 Works with children in a respectful manner				
1.2 Maintains confidentiality of school related business				
1.3 Operates within established policy guidelines				
1.4 Deals tactfully with co-workers and the public				
1.5 Initiates opportunities to develop greater job skills				
1.6 Approaches assignments in a positive manner				
1.7 Exhibits cooperation with co-workers				
1.8 Expresses ideas well orally and/or in writing				
1.9 Listens to and accepts instruction				
1.10 Is interested in and concerned about his/her work				
1.11 Discusses assignments and problems with supervisor(s)				
1.12 Stays informed about board policy regarding job				
1.13 Is dependable				
1.14 Exhibits care in use of board property and equipment				

**Standard 2—Specific Job Performance****Evaluates own overall performance in relation to job description.**

Performance Indicators	M	NG	DNM	NA
2.1 Completes work assignments according to job description				
2.2 Meets deadlines when exist				
2.3 Does routine work without instructions				
2.4 Demonstrates care in use of supplies and equipment				
2.5 Plans and organizes to accomplish job				
2.6 Possesses technical knowledge/skill to perform job				
2.7 Uses proper equipment to accomplish job				
2.8 Is innovative in solving difficult problems				
2.9 Is capable of independent action				
2.10 Works well as a team member				
2.11 Shifts to new tasks when priorities change				
2.12 Does own follow-through to ensure job completion				
2.13 Performs quantity of work expected				
2.14 Is complete and thorough in paperwork				
2.15 Practices wise use of district resources/funds				
2.16 Adheres to employee and job safety procedures				
2.17 Corrects and/or reports unsafe conditions and behaviors				

**Standard 3—Personal Characteristics****Demonstrates positive personal interactions with staff and students.**

Performance Indicators	M	NG	DNM	NA
3.1 Is punctual and regular in attendance				
3.2 Uses sick and leave time appropriately				
3.3 Maintains a neat appearance				
3.4 Follows policies of school, district, and state				
3.5 Responds appropriately to student misconduct				
3.6 Cooperates with other team members				
3.7 Develops and completes a classified improvement plan as needed				

Any employee who believes that he/she was not fairly evaluated may appeal his/her evaluation.

Employee comments:

Evaluator comments:

**CLASSIFIED EMPLOYEE EVALUATION CONFERENCE VERIFICATION**

*I have read this work performance evaluation and have had an opportunity to discuss it in a conference with my immediate supervisor. My signature does not imply agreement or disagreement with the content of this report.*

---

**Employee Signature**

**Date**

*I have discussed the content of this evaluation in a conference with the employee.*

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**Evaluator Signature**

**Date**



**Clark County Public Schools  
Classified Employee Summative Evaluation**

Employee Name \_\_\_\_\_ School Year \_\_\_\_\_

Worksite/School \_\_\_\_\_ Supervisor \_\_\_\_\_

**Standard 1—General Performance**

Provides service within the school, community, and educational profession to improve student learning and well-being.

Meets	Does Not Meet

**Standard 2—Specific Job Performance**

Evaluates own overall performance in relation to job description.

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**Standard 3—Personal Characteristics**

Demonstrates positive personal interactions with staff and students.

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Employee Comments:

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Evaluator Comments:

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(Additional pages may be added)

**CLASSIFIED EMPLOYEE EVALUATION CONFERENCE VERIFICATION**

*I have read this work performance evaluation and have had an opportunity to discuss it in a conference with my evaluator. My signature does not imply agreement or disagreement with the content of this report.*

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Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

*I have discussed the content of this evaluation in a conference with the employee.*

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Evaluator Signature \_\_\_\_\_ Date \_\_\_\_\_

**\*For Evaluator Use Only.**

Employment Recommendation to Superintendent:

- Recommended for re-employment
- Not recommended for re-employment

Classified employees have the right to appeal the substance and/or procedures of this summative evaluation within five (5) working days. Signature indicates that the written evaluation has been reviewed and discussed by the evaluator and the employee.

**CLARK COUNTY PUBLIC SCHOOLS  
CLASSIFIED EMPLOYEE  
INDIVIDUAL CORRECTIVE ACTION PLAN**

EMPLOYEE \_\_\_\_\_

DATE \_\_\_\_\_

LOCATION \_\_\_\_\_

1. STANDARD AREA(S) AND PERFORMANCE INDICATOR(S):

2. GROWTH OBJECTIVE(S):

3. PROCEDURES AND ACTIVITIES FOR ACHIEVING OBJECTIVE(S):

4. APPRAISAL METHOD/TARGET DATES (MINIMUM OF TWO):

5. STANDARD(S) AND PERFORMANCE INDICATOR(S)/DATE OF ACTION TAKEN:

A. Verbal Warning	Standard Area(s)/Performance Indicator(s)	Date _____
B. 1 <sup>st</sup> Written Warning	Standard Area(s)/Performance Indicator(s)	Date _____
C. 2 <sup>nd</sup> Written Warning	Standard Area(s)/Performance Indicator(s)	Date _____
D. 3 <sup>rd</sup> Written Warning	Standard Area(s)/Performance Indicator(s)	Date _____
E. Termination	Standard Area(s)/Performance Indicator(s)	Date _____

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Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

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Evaluator Signature \_\_\_\_\_ Date \_\_\_\_\_

*Signatures simply imply that information has been discussed and copies provided.*

**CLARK COUNTY PUBLIC SCHOOLS  
CLASSIFIED EMPLOYEE  
WRITTEN WARNING FORM**

Name \_\_\_\_\_ Date Form Completed \_\_\_\_\_

Classified Title \_\_\_\_\_ Classification Code \_\_\_\_\_ Building \_\_\_\_\_

Evaluator \_\_\_\_\_ Evaluator Job Title \_\_\_\_\_

STANDARD AREA(S) AND PERFORMANCE INDICATOR(S) FROM SUMMATIVE AND OR FORMATIVE EVALUATION FORM:

Standard Area(s): \_\_\_\_\_ Performance Indicator(s): \_\_\_\_\_

Brief explanation of concern:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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Employee Signature

Date

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Evaluator Signature

Date

*Signatures simply imply that information has been discussed and copies provided.*



