

Lunchroom Supervisor Evaluation Form
Indian Prairie School District #204

Employee's Name: _____
Employee ID # : _____
Date of Completion: _____

Location _____ **Position** _____

This form is used by supervisors of lunchroom supervisors in Indian Prairie School District #204. The principal or assistant principal may complete the form. The signature of the employee who is being evaluated indicates that he/she has read the completed form. The employee's signature does not necessarily mean that the employee agrees with the contents of the evaluation. The employee is entitled to write a response to the evaluation. The employee's response shall be sent to the Assistant Superintendent for Human Resources within 10 days of receiving the employee's formal evaluation. The written response will be attached to the evaluation from prior to placing it in the employee's personnel file. Evaluations shall be completed by May 15th of the year the employee is being evaluated. The employee must be provided with a copy of the signed and completed evaluation.

1. General Evaluation Categories

	Satisfactory	Needs Improvement	Unsatisfactory
◆ Adheres to district and school policies and procedures	_____	_____	_____
◆ Maintains a professional appearance and demeanor	_____	_____	_____
◆ Attendance/Punctuality – The employee is on site and ready for work at the appropriate time each day	_____	_____	_____
◆ Handles confidential information appropriately	_____	_____	_____
◆ Displays a cooperative and collaborative attitude	_____	_____	_____
◆ Responds to direction in a professional and courteous manner	_____	_____	_____
◆ Communicates and interacts in a positive, helpful and courteous manner	_____	_____	_____
◆ Follows safety policies and procedures	_____	_____	_____
◆ Performs assigned tasks in an effective, efficient and well-organized manner	_____	_____	_____
◆ Anticipates needs and responds in a timely and appropriate manner	_____	_____	_____

Comments or Explanations for General Categories Section:

This section is available for listing employee commendations, suggestions for areas of improvement, or discussions of possible future focus related to the *General Category* items listed above.

2. Position Classification

Lunchroom Supervisor	Satisfactory	Needs Improvement	Unsatisfactory
◆ Knows the expectations the students have taught.	_____	_____	_____
◆ Implements corrections consistently.	_____	_____	_____
◆ Circulates the cafeteria.	_____	_____	_____
◆ Interacts with students positively.	_____	_____	_____
◆ Avoids escalating potentially confrontational situations and remains calm when correcting behavior.	_____	_____	_____
◆ Uses whole group consequences appropriately	_____	_____	_____

Comments or Explanations for the Position Classification:

This section is available for listing employee commendations, suggestions for areas of improvement, or discussions of possible future focus related to the *Position Classification* items listed above.

Supervisor Signature _____

Date: _____

Administrator Signature _____

Date: _____

Employee Signature _____

Date: _____

(The employee's signature on this form does not necessarily mean that he/she agrees with this evaluation. The employee may submit a written statement about this evaluation to the Assistant Superintendent for Human Resources within ten (10) days of receiving formal evaluation.)