ST. JOHN THE BAPTIST SCHOOL BOARD
DOCUMENTATION FORM FOR JOB DESCRIPTORS

EVALUATEE _____ POSITION _____
SCHOOL OR WORK SITE _____
EVALUATOR _____ POSITION _____

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STATEMENTS

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EVALUATEE _____ DATE _____

EVALUATOR _____ DATE _____

REQUEST FOR CONFRENCE: YES ____ NO ____ BY WHOM: _____

The signature indicates the employee has been seen and been provided with a copy of the observation. It does not denote either agreement or disagreement.

Observation is based upon any and all evidence pertinent to the proper discharge of the employee's personal and professional duties, obligations and responsibilities, including job descriptions and approved goals and objectives.

Copies: SCHOOL BOARD OFFICE EVALUATOR EVALUATEE OBSERVER