St. John the Baptist School Board

DOCUMENTATION FORM FOR JOB DESCRIPTORS

EVALUATEE_____ **POSITION**_____

SCHOOL OR WORKSITE_____

EVALUATOR_____ **POSITION**_____

STATEMENTS

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EVALUATEE_____ **DATE**_____

EVALUATOR_____ **DATE**_____

The signature indicates the employee has 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 to: **School Board Office - Evaluator - Evaluatee - Observer**