

St. Vrain Valley School District Custodian Evaluation

Employee Name _____ Date _____

Position _____ Date of Employment _____ School _____

Scale: 1 – Poor, 2 – Fair, 3 – Average, 4 – Above Average, 5 – Outstanding

Attendance: Total Hours Missed _____

Sick _____	Bereavement _____
Business _____	Personal _____
Other _____	

Comments: _____

Custodial Interaction

Appearance _____

Responsive to Needs _____

Courteous & Well-mannered _____

Interaction with Staff _____

Interaction with Students _____

Comments: _____

Overall Rating:

Comments: _____

Employee Comments:

Attachments: Yes _____ No _____

Comments: _____

Signatures:

Employee Signature and Date

Principal Signature and Date

Quality of Service:

Carpets & Hard Surface Floors _____ Walls _____

Trash (Emptied Daily) _____ Windows/Glass _____

Restrooms _____ Offices _____

Hallways _____ Cafeteria _____

Entryways _____ Gym(s) _____

Comments: _____

Leadership

(Head Custodian)

(Night Lead)

Team Leadership _____ Time Efficiency _____

Team Morale _____ Scheduling _____

Interaction w/Team _____ Staff _____

Comments: _____

Evaluator's Comments:

Comments: _____

To be Completed by Employee:

I have read this evaluation, have reviewed my job description, and have had a conference with the evaluator. Yes _____ No _____

I agree with this evaluation.
Yes _____ No _____

My signature does not necessarily signify agreement with this evaluation.

Evaluator Signature and Date

Director/Mgr. of Custodians Signature and Date