

Employee:

School

SUBJECT	Superior	Above Average	Average	Below Average	Inferior
Number	4	3	2	1	0
Attendance Record					
Cooperation with staff					
Courtesy					
Custodial cleaning – general					
Practical use of time					
Initiative					
Personal appearance					
Condition of care of grounds					
Classroom cleaning					
Bathroom cleaning					
Provide adequate service					
Care of custodial equipment					
Use of custodial equipment					
Use of custodial materials					
Respond to emergencies					
Supervision of staff HEAD CUSTODIAN ONLY					
Ordering adequate HEAD CUSTODIAN ONLY					
Provide custodial coverage HEAD CUSTODIAN ONLY					
Overall evaluation					
Sum Score					

**Areas of performance evaluated are as follows:**

The following attendance data is from the time period of XXXXXX - XXXXXX

Personal Illness (PI) -

Personal Business (PB) -

Family Illness (FI) -

Vacation (V) -

Covid Vaccine-

Workers Comp (WC) -

Signature of Evaluator: \_\_\_\_\_ Date: \_\_\_\_\_  
Name, Principal

Signature of Employee: \_\_\_\_\_ Date: \_\_\_\_\_  
Name, Custodian

Please be advised that your signature indicates that you have received your evaluation and does not mean that you are satisfied with it. If you would like to discuss your evaluation, contact the Facilities Manager for an appointment.

Please return original and 2 copies to the Superintendent's Office.

ORIGINAL to Personnel \* 1 COPY to Employee \* 1 COPY to Business Office \* 1 COPY to Facilities Department