



School Secretary Evaluation

Administrative Procedure 2.C.270

Board Governance Policy Cross Reference: 1, 2, 3, 4, 12, 13, 16

Legal Reference:

Date Adopted: October, 1997

Date Amended: October, 2006

Evaluation Procedure

1. Principals will review the evaluation format with the secretary each September or upon hiring.
2. Principals are responsible for signing and communicating evaluations.
3. Evaluation procedures and timelines vary according to length of employment:
 - a. **Probationary employees:** Part 1 and 2 must be completed before three months of employment.
 - b. **Secretaries new to the position:** Part 1 and 2 must be completed annually by mid June for the first two years of employment.
 - c. **Secretaries new to a school:** Part 1 and 2 must be completed by mid June of the first year, then every second year thereafter.
 - d. **Secretaries employed longer than two years:** Part 2 only must be completed by mid June, every second year of employment.
 - e. **Secretaries identified with performance concerns:** Part 1 and 2 must be completed by mid June of the year that the concerns exist.
4. Completed evaluations are to be shared with, and copied to, the secretary. Original form is to be forwarded to the Educational Support Centre for placement in personnel files (by the end of June).
5. Secretaries who disagree with an evaluation should first request reconsideration by the Principal. A secretary who still disagrees with an evaluation may appeal to the Superintendent in writing within seven days of receipt of the evaluation.



Evergreen School Division

SECRETARY Evaluation Form – Part 1

Name: _____ School: _____

Completed by: _____ Date Completed: _____

Rating Scale

Very Good: Employee exceeds the performance requirements of the position in this area.

Satisfactory: Employee meets the performance requirements of the position in this area.

Needs Improvement: Employee does not meet the performance requirements of the position in this area. Recommendations for improvement must accompany this rating.

Not Applicable: This area is not an expectation for this employee at this time.

1. PERSONAL QUALITIES / ATTRIBUTES

- Punctuality
- Dependability
- Cooperation
- Enthusiasm
- Judgment
- Adaptability
- Confidentiality
- Attitude to work
- Accepts responsibility
- Accepts direction
- Time management skills

VG	S	NI
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. INTERPERSONAL SKILLS

- Works positively as part of the school team
- Interacts positively with students
- Displays common courtesy to all
- Follows lines of communication

VG	S	NI
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. JOB RELATED SKILLS

- ICT Skills
- Organization and accuracy
- Reception Skills
- Accounting skills
- Office procedure
- Written/Oral Communication
- Completion and Submission of Forms
- Record Keeping
- Quality of Work
- Quantity of Work

VG	S	NI
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

COMMENTS (optional)

4. RESPONSIBILITIES AND DUTIES

- Support to School Administration
- Maintenance of School Records
- Reception
- Operations of Office Equipment
- Processing of Mail
- Purchase Order Processing
- Maintenance of School Funds
- General Duties

VG	S	NI	NA
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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COMMENTS (optional)

I have read and received a copy of the evaluation.

Employee Signature

Date

Supervisor Signature

Date



SECRETARY Evaluation Form – Part 2

Name: _____ School: _____

Completed by: _____ Date Completed: _____

1. Areas of Strength

2. Suggestions for Improvement

3. Conclusions

Principal's Signature

Date

Secretary Signature

Date

I request I do not request that my principal reconsider this evaluation.
I will will not be appealing this evaluation to the Superintendent.
(Appeals must be submitted in writing within seven days of receipt of evaluation.)

- Employees are to be provided with a copy of the completed evaluation.
- Please forward original to the Education Support Centre by the end of June.