

**Lincoln School District 156
CUSTODIAN EVALUATION**

Name:		Date:	
Position:	<u>Custodian</u>		
From:		To:	

This evaluation comes from Daily Inspection Sheets, staff complaints, and observations made by other administrators.

1. Unsatisfactory	2. Needs Improvement	3. Proficient	4. Excellent
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Areas:	Overall Rating:	Comments:
<u>Classrooms/Offices</u>		
<u>Washroom</u>		
<u>Hallway/Staircases</u>		
<u>Gym</u>		
<u>Lunchrooms</u>		
<u>Attendance</u>		
<u>Physical Appearance</u>		

<u>Completes Outside Work</u>		
<u>Completes Other Assigned Work</u>		
<u>Works With Others</u>		

I have reviewed this evaluation and I understand its contents. No employee shall be required to sign a blank or incomplete evaluation form, nor shall any changes be made on the completed report after the employee has signed it without the employee's express agreement.

Employee's Signature		Date:	
Supervisor's Signature		Date:	

This area is to be used by the employee who wishes to submit a written comment within **ten working days** about their evaluation.

Signature

Date