

**Lincoln School District 156  
LEAD NIGHT CUSTODIAN EVALUATION**

**3:50-11**

<b>Name:</b>		<b>Date:</b>	
<b>Position:</b>	<u>Lead Night Custodian</u>		
<b>From:</b>		<b>To:</b>	

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

<b>1. Unsatisfactory</b>	<b>2. Fair</b>	<b>3. Good</b>	<b>4. Excellent</b>	<b>5. Superior</b>
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<b><u>Areas:</u></b>	<b><u>Overall Rating:</u></b>	<b><u>Comments:</u></b>
<b><u>Classrooms/Offices</u></b>		
<b><u>Washroom</u></b>		
<b><u>Hallway/Staircases</u></b>		
<b><u>Gym</u></b>		
<b><u>Lunchrooms</u></b>		
<b><u>Attendance</u></b>		
<b><u>Physical Appearance</u></b>		

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

Signature on evaluation does not indicate agreement but acknowledges that the evaluator has reviewed the evaluation with the employee.

<b>Employee's Signature</b>		<b>Date:</b>	
<b>Supervisor's Signature</b>		<b>Date:</b>	

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

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Signature

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Date

ADOPTED: December 15, 2008