

GREENEVILLE CITY SCHOOL SYSTEM CUSTODIAN WORK AREA REVIEW FORM

Name: _____ Position: _____

Building: _____ Review Date: _____

Type of Evaluation: Probationary Regular Special

Please check the appropriate column after each item that applies to the specific work area:
 1 = Performance **NOT** Acceptable
 2 = Performance **MARGINALLY** Acceptable
 3 = Performance **IS** Acceptable
 4 = Performance **EXCEEDS OR EXCELLENT**

	Work Area	1	2	3	4	Comments
1	Classrooms/Office Areas/Teacher Lounges					
	> Floors					
	> Walls					
	> Lighting					
	> Arrangement of Desks					
	> Room is Dust Free					
	> Blackboards/Chalk Trays					
	> Windows					
	> Trash/Recycling					

2	Hallways/Entrances/Stairways					
	> Floors - (Clean/Bufed Required)					
	> Walls					
	> Lockers					
	> Lighting					
	> Display Cases					
	> Windows/Ledges					
	> Drinking Fountains					
	> Entrance Mats					
	> Trash					
	> Fire Exits Free of Clutter					
	Maintain Proper Clearance around					
	> Electrical Panels					

3	Auditoriums/Gym/Lunchroom/Kitchen					
	> Floors					
	> Walls					
	> Lighting					
	> Dust Free					
	> Arrangement of Table & Chairs					
	> Seating (bleachers) - Clean					
	> Trash					

Work Area		1	2	3	4	Comments	
4	Restrooms						
>	Floors						
>	Walls						
>	Toilet Bowls						
>	Sinks						
>	Urinals						
>	Paper Towels, Refilled						
>	Toilet Paper, Refilled						
>	Mirrors						
>	Trash						

5	Exterior						
>	Salts/Sands						
>	Trash Removal						
>	Sidewalks Clean						
>	Playground Surface Maintaned						
>	Conducts Daily Playground Inspection						

6	Lockers/Shower Rooms						
>	Floors						
>	Walls						
>	Shower Heads/Fixtures						
>	Lockers/Shower Rooms						
>	Trash						

7	Energy Use						
>	Follows shut-down procedures and maintains the use of lighting						
>	Turns lights off in areas not being used or occupied.						

8	HVAC						
>	Filters Changed Frequently						

9	Life Safety						
>	Exit Signs Inspected for Proper Operation						
>	Fire Extinguishers inspected Every 30 Days						

JOB BEHAVIORS / SKILLS

- 1 = Does **NOT** Demonstrate Behavior or Skill
- 2 = Demonstrates Behavior or Skill **SOME OF THE TIME**
- 3 = Demonstrates Behavior or Skill **CONSISTENTLY**
- 4 = Behavior or Skill - (**EXCEEDS OR EXCELLENT**)

Behavior/Skill	1	2	3	4	Comments
➤ Arrives at Work on Time					
➤ Works Until End of Scheduled Shift					
➤ Is present at Work on a Consistent Basis					
➤ Interacts Positively with Students					
➤ Interacts Positively with Staff					
➤ Has and Uses Good Interpersonal Skills					
➤ Avoid Criticism of Students and Staff					
➤ Emphasizes Courtesy & Good Manners					
➤ Usually Does Things Right the First Time					
➤ Usually Does Things on Time					
Is Well Groomed & Appropriately					
➤ Dressed					
➤ Accepts Changes in Assignment Willingly					
➤ Is Willing to Take on Extra Work					
➤ Follows Directions and Instructions					
➤ Asks for Suggestions and Assistance					
Knows When and How to Refer Problems					
➤ to the Proper Authority					
Usually Produces Average or Above					
➤ Above Results					
Usually is Resourceful in Finding Ways to					
➤ Overcome Obstacles in Doing the Job					

Additional Comments:

I certify that my supervisor(s) met with me to review this evaluation of my performance and that I have received a copy of this evaluation. My signature does not signify approval or disapproval of this performance evaluation.

Employee's Signature

Date

I (We) certify that I (We) have met with the above-named employee to review this evaluation with the employee and that I (We) gave the employee a copy of this appraisal form.

Building Principal

Date

Supervisor's Signature

Date