



"To Build Knowledge and Skills for Success Today and Tomorrow"

**Meade School District 46-1
Food Service Staff Evaluation Form**

Name _____

Job Title _____

Date of Evaluation _____

Key: Exceeds Expectation; Meets Expectation; Needs Improvement (Comments required for Needs Improvement)

| Essential Duties and Responsibilities | Exceeds | Meets | Needs |
|--|----------------|--------------|--------------|
| 1) Employee supports the vision, mission, and belief statements of the Meade School District. | | | |
| 2) Employee demonstrates ability to adapt to changing conditions, procedures, and/or job interruptions. | | | |
| 3) Employee follows local, state, and federal guidelines to ensure all meal procedures/requirements are met. | | | |
| 4) Employee deals with students, staff, parents and community in an appropriate manner. | | | |
| 5) Employee is punctual, has good attendance and demonstrates professionalism. | | | |
| 6) Employee is able to perform physical job requirements. | | | |

| Work Habits | Exceeds | Meets | Needs |
|---|----------------|--------------|--------------|
| 1) Employee is thorough and consistent in meeting work standards and in performing required work. | | | |
| 2) Employee manages time, and accomplishes tasks effectively. | | | |
| 3) Employee follows proper sanitation procedures and practices good personal sanitation. | | | |
| 4) Employee offers suggestions for work improvements and/or solutions for work problems. | | | |
| 5) Employee keeps supervisor informed of important information relating to work environment. | | | |
| 6) Employee dresses in an appropriate, professional manner conducive to job requirements. | | | |
| 7) Employee displays awareness of safety and practices safe work techniques. Uses caution when necessary. | | | |
| 8) Employee is reliable and trusted to carry out assigned responsibilities. | | | |

Comments:

We have discussed the evaluation given on this form. Signing shall not imply agreement by the employee to the evaluation.

Employee Signature _____ **Date** _____

Supervisor Signature _____ **Date** _____