

# Substitute Custodian Assessment/Report



## Classified Human Resource Department

1900 Price Road  
Brownsville, TX 78521

Phone: 956-548-8051  
Fax: 956-504-5636

Date of Report \_\_\_\_\_

Administrator \_\_\_\_\_

Campus/Department \_\_\_\_\_

Substitute Custodian Name \_\_\_\_\_

*Please evaluate and score employee*

1 = Unsatisfactory    2 = Below Expectations    3 = Satisfactory    4 = Exceeding Expectation    5 = Far Above Standard

Assessment Criteria		Comments	
Team Player	Score	<input type="text"/>	
Interaction with Co-Workers	Score	<input type="text"/>	
Organizational Skills	Score	<input type="text"/>	
Leadership Ability	Score	<input type="text"/>	
Meets Deadlines	Score	<input type="text"/>	
Follows Instruction	Score	<input type="text"/>	
Quality of Work	Score	<input type="text"/>	

Incident Report		Comments/Concerns	
Date of Incident		Location of Incident on Campus/Department Grounds	

Administrator Name \_\_\_\_\_

Administrator Title \_\_\_\_\_

**Administrator Signature:** \_\_\_\_\_

Please submit completed form to Classified Personnel via fax or e-mail. Thank you.