

# Long Island Head Start

## PROVISIONAL EVALUATION

90 WORKING DAYS EVALUATION

45 WORKING DAYS FOR TRANSFER OR NEWLY PROMOTED

EMPLOYEE'S NAME: \_\_\_\_\_

POSITION: \_\_\_\_\_

DEPARTMENT NAME: \_\_\_\_\_

EMPLOYMENT DATE: \_\_\_\_\_

This form is to be completed for all full-time and part-time employees who are provisional for the first 90/45 working days of employment or promotion

Enter appropriate Performance Points in spaces below:

Outstanding:  
10

Above Average:  
9

Average:  
8

Below Average:  
7

Unsatisfactory:  
6

**RATING ITEMS:**

- |  |   |
|--|---|
| <ul style="list-style-type: none"> <li>1. ATTENDANCE _____</li> <li>2. PUNCTUALITY _____</li> <li>3. INITIATIVE, CREATIVITY, RESOURCEFULNESS _____</li> <li>4. ABILITY TO WORK WITHOUT SUPERVISION _____</li> <li>5. COOPERATIVENESS _____</li> <li>6. DEGREE OF JUDGMENT _____</li> <li>7. MEETING DEADLINES _____</li> <br/> <li>8. WITH OTHER STAFF _____</li> <li>9. WITH SUPERVISOR _____</li> <li>10. WITH COMMUNITY AND PUBLIC _____</li> <li>11. WITH COMMUNITY _____</li> <li>12. RESPONSE TO CONSTRUCTIVE CRITICISM _____</li> </ul> | <ul style="list-style-type: none"> <li>13. QUALITY OF WORK _____</li> <li>14. QUANTITY OF WORK _____</li> <li>15. ORAL COMMUNICATION _____</li> <li>16. WRITTEN COMMUNICATION _____</li> <li>17. COMMON SENSE _____</li> <li>18. CONSISTENCY OF PERFORMANCE _____</li> <li>19. GENERAL JOB KNOWLEDGE ON HEAD START PERFORMANCE STANDARDS, FEDERAL AND STATE REGULATIONS, AND COMPONENT PROCEDURES. _____</li> <li>20. TYPING (IF APPLICABLE) _____</li> <li>21. COMPUTER KNOWLEDGE (IF APPLICABLE) _____</li> <li>22. TELEPHONE ETIQUETTE (IF APPLICABLE) _____</li> <li>23. APPROPRIATE DRESS _____</li> </ul> |
|--|---|

(Total Evaluation Points divided by number of Rating Items= Overall Performance Evaluation)

Total Evaluation Points \_\_\_\_\_ No. of Rating Items \_\_\_\_\_

**OVERALL PERFORMANCE EVALUATION \_\_\_\_\_**  
(If rating falls below a (7) seven please contact the Human Resource Department)

**Recommendations**

- 1. Has employee successfully completed his/her provisional period?  
Yes  No
- 2. Does rating supervisor recommend that employee become regular at this time?  
Yes  No
- 3. Does rating supervisor recommend extending introductory period or performance improvement plan or EAP?  
Yes  No
- 4. Does rating supervisor recommend termination of employee?  
Yes  No  (If Yes, attach completed Termination Form)

Use back of this form for additional comments

\_\_\_\_\_  
Employee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Rating Supervisor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor/Director

\_\_\_\_\_  
Date

\_\_\_\_\_  
Director of Human Resources

\_\_\_\_\_  
Date

\_\_\_\_\_  
Chief Executive Officer

\_\_\_\_\_  
Date

### EMPLOYEE DRESS CODE

Acceptable dress is predicated on good judgment. It is presumed that employee attire will be appropriate to an office or an educational environment for children.

Apparel must be clean, neat and professional. Short shorts, clothing with low necklines, clothing that clings to the body or torn clothing is inappropriate and unprofessional.

### COMMENTS