

**LOS ANGELES UNIFIED SCHOOL DISTRICT**

**FOOD SERVICES DIVISION**

**SUPPLEMENT TO THE PERFORMANCE EVALUATION FOR CLASSIFIED EMPLOYEES**

(For each factor evaluated "BELOW STANDARDS", the Supervisor/Rater should complete a separate supplement to the Performance Evaluation form)

NAME \_\_\_\_\_ EMPLOYEE # \_\_\_\_\_

JOB TITLE \_\_\_\_\_ WORK LOCATION \_\_\_\_\_

REPORT IS FOR THE PERIOD BEGINNING: \_\_\_\_\_ TO: \_\_\_\_\_

This employee was rated "BELOW STANDARDS" for the factor: \_\_\_\_\_

\_\_\_\_\_

(Supervisor/Rater must complete each item)

A. Statement of the problem or concern:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

B. The desired improvement is:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

C. Suggestions as to how to improve:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

D. Provisions for assisting the employee:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Supervisor/Rater Signature

\_\_\_\_\_  
Employees Acknowledgement of  
Receipt of Copy

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date