

Clarksville-Montgomery County School System

Bus Aide/Monitor Evaluation Form (CLS-F065)

\_\_\_\_\_  
Employee Name

From: \_\_\_\_\_ To: \_\_\_\_\_  
Rating Period

\_\_\_\_\_  
Job Title

\_\_\_\_\_  
Work Location

The above-named employee is due an evaluation for continued employment and/or movement to the next step increase on the salary schedule. Please complete this evaluation and return it to the Human Resource Office. The employee is to sign the evaluation form and receive a copy. Evaluation grades of superior, needs to improve and unsatisfactory are to be supported by written comment.

Evaluation Criteria	Unsatisfactory	Needs to Improve	Satisfactory	Very Satisfactory	Excellent
<b>Trade Knowledge</b> – Demonstrates an understanding of the requirements of the position and of multiple student differences, including special equipment for transportation and accountability forms					
<b>Student Information</b> – Reviews forms; understands students’ emergency information, behavior, and disability needs.					
<b>Customer Relations/Communication Skills</b> – Has ositive working relationship with parents, students and CMCSS staff. Able to give and receive directions effectively.					
<b>Teamwork</b> – Establishes and maintains cooperative working relationships with the driver to include daily maintaining of bus interior, and student equipment.					
<b>Dependability/Availability</b> – Work attendance & punctually, completes task in a timely manner.					
<b>Personal Appearance</b> – Properly groomed and appropriately dressed per CMCSS policy.					
<b>Responsibility/training</b> – Keeps abreast of job requirements, CPR, Mandatory/Local In-service					
<b>Safety</b> – Follows all safe practices, including local, state and Federal regulations i.e., HIPAA, FERPA, etc.					
<b>Student Management</b> – Maintains discipline, and safe standards on the bus. Sets expectations for student behavior. Completes appropriate reports including student incidents.					

Superior Contributions: \_\_\_\_\_

Written comment for areas needing improvement or unsatisfactory: \_\_\_\_\_

- ☐ I recommend continued employment and step increase according to Administrative policy HUM-A046.
- ☐ I recommend continued employment, but withhold step increase pending re-evaluation in six months.
- ☐ I recommend dismissal for unsatisfactory performance.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature – Immediate Supervisor

I have reviewed this evaluation with my immediate supervisor. (Employee may comment on back of form)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature – Employee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature – Human Resources