

**Food Service Evaluation
Individualized Improvement Plan**

**Employee's
Name** _____

Foodservice Employee's Signature _____

Foodservice Director's Signature _____

Goal Statement (Broad Statements of direction or intent):

Performance Objectives (Expected Results):

Plan of Action (Means of achieving objectives):

**Measurement of
Success:** _____

Target Achievement

Date: _____

Date for Appraisal of Goal Achievements:

Food Service Evaluation

Date: _____

Employee's Name: _____

Supervisor's Name: _____

Please rate the following attributes from 1 to 5 (5 being the highest, 1 being the lowest).

Job Knowledge & Competence:

1) 2) 3) 4) 5)

Organization Skills (Clean work area):

1) 2) 3) 4) 5)

Reliability/Dependability/Attendance & Punctuality:

1) 2) 3) 4) 5)

Initiative on the Job:

1) 2) 3) 4) 5)

Quality of Work Performed:

1) 2) 3) 4) 5)

Appearance/Follows Dress Code:

1) 2) 3) 4) 5)

General Attitude w/District Staff-Co Workers, & Public:

1) 2) 3) 4) 5)

General Attitude w/Students:

1) 2) 3) 4) 5)

Completed by: _____ **Date:** _____

(A copy of this report has been given to me and has been discussed with me)

Employee's Signature _____ **Date:** _____

(Any score of 1 or 2 will include an individualized improvement plan)