

KILLEEN INDEPENDENT SCHOOL DISTRICT  
APPRAISAL/EVALUATION WORKSHEET



**EMPLOYEE INFORMATION**

Name	Employee ID
Job Title	Date
Department	Appraiser
Review Period Jan 20 to Jan 21	

**AREAS OF RESPONSIBILITY**

**OBJECTIVES**

**EVALUATION (indicate measures that demonstrate performance on objectives)**

<b>EMPLOYEE INFORMATION</b>	
Name	Employee ID
<b>PROFESSIONAL LEARNING GOALS</b>	
<b>CONFERENCES ATTENDED</b>	
<b>APPRAISER'S SUMMATIVE COMMENTS (pluses, concerns, and next year's goals)</b>	
<b>VERIFICATION OF REVIEW</b>	
Employee Signature	Date
Appraiser Signature	Date