



Glenn County Office of Education

VEHICLE DRIVER/BUS DRIVER/LEAD BUS DRIVER

FORMAL EVALUATION

Name: _____

Date: _____

| | | | | | |
|--|----------|----------|----------|---|--|
| Employees Please rate yourself in the completion of your work duties using the following scale: 1. Performance not consistent with the standard 2. Demonstrating beginning practice 3. Demonstrating maturing beginning practice 4. Demonstrating exemplary practice | | | | | Evaluator Please respond to the self-reflection rubric and provide a narrative on performance that addresses each standard |
| | | | | Self-Reflection Rubric | |
| 1 | 2 | 3 | 4 | Work Habits | Evaluator's Comments |
| | | | | Observe scheduled work hours | |
| | | | | Have regular attendance | |
| | | | | Communicate with the transportation coordinator for absences | |
| | | | | Regularly communicate with the transportation coordinator | |
| | | | | Observance of rules and regulations for transportation of students | |
| | | | | Observance of safety practices | |
| | | | | Compliance with work instructions from the transportation coordinator | |
| | | | | Attend all required trainings | |
| | | | | Willingness to accept responsibility | |
| | | | | Willingness to cooperate with colleagues | |
| | | | | Willingness to be flexible and drive new routes/students as needed | |
| 1 | 2 | 3 | 4 | Vehicles/Bus Responsibilities | Evaluator's Comments |
| | | | | Maintaining safety at all times | |
| | | | | Conduct pre-trip before each trip | |
| | | | | Maintain vehicles (clean windshield, fuel levels, clean interior of vehicle, clean exterior of vehicle) | |
| | | | | Turn on cameras each trip and regularly maintain the memory cards | |
| | | | | Implementing the bus safety rules consistency and fairly | |
| | | | | Report any maintenance issues immediately | |
| | | | | Maintain all records as directed | |
| | | | | Report incidents in a timely manner | |

Commendations:

Recommendations:

Plan for Improvement Needed

Primary Evaluators Signature: _____ Date: _____

Secondary Evaluators Signature: _____ Date: _____

Employee Signature: _____ Date: _____

Employees have five (5) working days to respond to any comments.