

KILLEEN INDEPENDENT SCHOOL DISTRICT  
APPRAISAL/EVALUATION WORKSHEET



**EMPLOYEE INFORMATION**

Name	Employee ID
Job Title	Date
Department	Appraiser
Review Period Jan 17 to Jan 18	

**AREAS OF RESPONSIBILITY**

**OBJECTIVES**

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

**EMPLOYEE INFORMATION**

Name	Employee ID
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**PROFESSIONAL LEARNING GOALS**

**CONFERENCES ATTENDED**

**APPRAISER'S SUMMATIVE COMMENTS (pluses, concerns, and next year's goals)**

**VERIFICATION OF REVIEW**

Employee Signature	Date
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Appraiser Signature	Date
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