Poway Unified School District
PSEA Classified Support Team

SUPERVISOR RECOMMENDATION

Partner Applicant Name _____ Site/Dept _____

Supervisor Name _____ Title _____

☐ Employee has a satisfactory or above current evaluation

Please give thoughtful consideration to the following and rate your employee on a 1 to 4 scale:

1 - Rarely 2 - Sometimes 3 - Consistently 4 - Exemplary

1 2 3 4	Good listener	1 2 3 4	Familiar with District policies/procedures
1 2 3 4	Flexible	1 2 3 4	Resourceful
1 2 3 4	Problem-solver	1 2 3 4	Effective time manager
1 2 3 4	Patient	1 2 3 4	Ability to analyze tasks
1 2 3 4	Organized	1 2 3 4	Enthusiastic
1 2 3 4	Positive attitude	1 2 3 4	Competent
1 2 3 4	Communicates well to others	1 2 3 4	Influential

Other comments:

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Supervisor signature Date