

APPENDIX B

EDUCATION SUPPORT PROFESSIONAL EVALUATION

Name (Last) _____ (First) _____ (Initial) _____			Period Covered From _____ To _____ <small>Mo. Day Yr. Mo. Day Yr.</small>	
Classification: Education Support Professional	Status: Permanent	If Prob. Date Ends:		Personnel Number:
School _____		Department _____		

Reason for Review:
 END OF PROBATION
 FIRST SEMESTER
 SECOND SEMESTER
 OTHER

Check Items:		E=Excels	S=Satisfactory	NI=Needs Improvement			U=Unsatisfactory					NA=Not Applicable						
		-	E	S	NI	U	NA	E	S	NI	U	NA	E	S	NI	U	NA	
A. General: Record Keeping																		
Machine Operation																		
1.	Knowledge and ability to operate office machines; excluding typing skills																	
2.	Knowledge and ability to utilize common clerical procedure, excluding shorthand skills																	
3.	Ability to update standardize pupil information records																	
4.	Implement appropriate suggestions for improvement																	
B. Student/Teacher Assistance																		
1.	Ability to work with individual students																	
2.	Ability to work with small groups of students																	
3.	Ability to assist students with teacher-planned activities																	
4.	Knowledge and ability to work in media centers																	
5.	Knowledge and ability to prepare instructional materials and teaching aids																	
6.	Knowledge and ability to use instructional materials and teaching aids																	
7.	Ability to maintain control and discipline when assigned to primary responsibility																	
8.	Ability to care for students when teacher is not present (for example during an emergency temporary assignment and/or during student movement to other areas).																	
C. Planning and Follow-up Skills																		
1.	Ability to construct specific items for tests and worksheets from teacher-provided guidelines.																	
2.	Ability to conduct follow-up lessons when provided guidelines by teacher.																	
3.	Ability to plan and implement specific learning activities																	
D. Community Involvement																		
1.	Ability to explain assigned county programs to individual parents																	
2.	Ability to work with individual parents																	
3.	Ability to plan and implement required meetings and parent inservice workshops																	
E. Work Habits and Personal Relations																		
1.	Amount of work performed																	
2.	Accuracy																	
3.	Initiative and resourcefulness																	
4.	Neatness of work product																	
5.	Attendance																	
6.	Observance of work hours																	
7.	Completion of work on schedule																	
8.	Compliance with rules, policies and directives																	
9.	Relations with fellow employees																	
10.	Relations with supervisors																	
11.	Relations with public																	

RATER'S OVERALL EVALUATION

Unsatisfactory: Performance is inadequate and must be corrected.
 Needs Improvement: Performance does not fully meet job requirements as indicated below.
 Satisfactory: Employee is performing as required and expected in an entirely satisfactory manner.
 Excels: Performance surpasses job requirements.

COMMENTS

LIST SUGGESTIONS FOR IMPROVEMENTS ON ALL ITEMS MARKED "UNSATISFACTORY":

EVALUATOR'S SIGNATURE

TITLE

DATE

EVALUATOR'S PRINTED NAME

I acknowledge that I have received a copy of this evaluation. I have had an opportunity to discuss it with my supervisor. In signing this evaluation, I do not necessarily agree with the conclusions. I understand that I may write my comments below or on another sheet of paper.

EMPLOYEE SIGNATURE

DATE