

# Evaluation Paraprofessionals ISS Supervisor, Teacher Assistant, Health Care Assistant, and Student Supervisors

*The evaluation of employees shall be primarily based on how well he/she completes and/or performs those duties to which he/she is assigned. (Article VII, A). The employee must receive this document 3-5 working days prior to the actual conference date to discuss this material.*

Name: \_\_\_\_\_

Position/Location: \_\_\_\_\_

Conference Date: \_\_\_\_\_

- Rating Scale:
1. Exceeds Expectations
  2. Meets Expectations
  3. Needs Improvement
  4. Unsatisfactory
  5. Not Applicable

**\*\*Note when using (3) Needs Improvement and/or (4) Unsatisfactory, Administration must state clear reason why and option plans for improvement which will include district paid for professional development upon agreement with the employee and association.**

<b>Employee Conduct:</b>		Employee	
Rating		Agree	Disagree
_____	Is Courteous	<input type="checkbox"/>	<input type="checkbox"/>
_____	Is Cooperative	<input type="checkbox"/>	<input type="checkbox"/>
_____	Follows proper procedure in reporting student discipline incidents to building principal as stated in the handbook.	<input type="checkbox"/>	<input type="checkbox"/>
_____	Reports to work on time	<input type="checkbox"/>	<input type="checkbox"/>
_____	Good Attendance (use of contractual rights can not be figured within this rating).	<input type="checkbox"/>	<input type="checkbox"/>
_____	Dependable	<input type="checkbox"/>	<input type="checkbox"/>
_____	Maintains Confidentiality	<input type="checkbox"/>	<input type="checkbox"/>

<b>Work Guidelines:</b>		Employee	
Rating		Agree	Disagree
_____	Quality of Work	<input type="checkbox"/>	<input type="checkbox"/>
_____	Volume of Work – Productivity	<input type="checkbox"/>	<input type="checkbox"/>
_____	Uses Safe Work Procedures	<input type="checkbox"/>	<input type="checkbox"/>

<b>Professional Development:</b>		Employee	
Rating		Agree	Disagree
_____	Demonstrates enthusiasm for upgrading and improving personal work skills.	<input type="checkbox"/>	<input type="checkbox"/>

Appendix G

_____	Participates in training programs as provided by the district.	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Classification Specific:</b>		Employee
Rating	Teacher Asst., HC Asst., ISS Supervisor, and Lunch & Play	Agree	Disagree
_____	Judgment – knows when to seek outside advice and assistance.	<input type="checkbox"/>	<input type="checkbox"/>
_____	Adaptability – Exhibits job flexibility	<input type="checkbox"/>	<input type="checkbox"/>
_____	Adaptability – Readily learns skills	<input type="checkbox"/>	<input type="checkbox"/>
_____	Adaptability – Is able to complete the job under pressure and other unusual circumstances.	<input type="checkbox"/>	<input type="checkbox"/>
_____	Is an appropriate role model for students	<input type="checkbox"/>	<input type="checkbox"/>
_____	Works for the overall benefit of the student team.	<input type="checkbox"/>	<input type="checkbox"/>

Considering all factors, the work performance of this employee is:

\_\_\_\_\_ Satisfactory    \_\_\_\_\_ Needs Improvement    \_\_\_\_\_ Unsatisfactory

(\* Checking Unsatisfactory here would mean that over 75% of the above evaluated material is needing improvement or unsatisfactory. Needs Improvement would mean that between 50% - 74% of the above evaluated material is needing improvement or unsatisfactory. A plan of action to help improve will be provided including a list of district paid training and/or professional development offered.)

**Plan of Action (If Needed):**

**Supervisors Comments:**

**Employee Comments:**

**Supervisor's**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Employee's**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

An employee's signature does not necessarily constitute an agreement with the contents of this evaluation.