

Evaluation Educational Program Technicians

Library Technician, Instructional Technician, and Special Skills Student Assistant

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.**

Employee Conduct:		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"/>

Work Guidelines:		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"/>

Professional Development:		Employee	
Rating		Agree	Disagree
_____	Demonstrates enthusiasm for upgrading and improving personal work skills.	<input type="checkbox"/>	<input type="checkbox"/>
_____	Participates in training programs as provided by the district.	<input type="checkbox"/>	<input type="checkbox"/>

Appendix F

Rating	Classification Specific: Library Technician, Instructional Technician, and Special Skills Asst.	Employee	
		Agree	Disagree
_____	Demonstrates the working knowledge of technology and/or programs.	<input type="checkbox"/>	<input type="checkbox"/>
_____	Proficiency in special skills as deemed appropriate for student.	<input type="checkbox"/>	<input type="checkbox"/>
_____	Ability to work cooperatively with staff, students, parents, and community members.	<input type="checkbox"/>	<input type="checkbox"/>
_____	Ability to assist with implementation of accommodations and behavior intervention plan	<input type="checkbox"/>	<input type="checkbox"/>
_____	Ability to provide one-on-one instruction as planned by the teacher.	<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.