

EMP NAME:		EMP ID:		SECTION A Any checks indicated in <i>Needs to Improve</i> and/or <i>Unsatisfactory</i> must be explained in Section E.	OUTSTANDING	COMPETENT / MEETS STANDARDS	NEEDS IMPROVEMENT	UNSATISFACTORY	DOES NOT APPLY
JOB TITLE:		DATE DUE:							
SITE / DEPT:		<input type="checkbox"/> 3rd Month <input type="checkbox"/> 5th Month <input type="checkbox"/> Annual / Perm <input type="checkbox"/> Unscheduled							
GENERAL SKILLS									
1	Complies with all policies, regulations and procedures.				n/a	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Maintains a good attendance record.				n/a	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Observes time/work schedules.				n/a	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Presents an appropriate appearance.				n/a	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Uses materials/equipment safely and economically.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	Plans, organizes, and prioritizes work effectively.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	Relates respectfully and courteously to students.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	Responds to need of community/parents/teachers in a professional manner.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	Works courteously and relates effectively with fellow employees.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	Exhibits ability to work independently.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	Accepts change and demonstrates flexibility.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	Completes satisfactory volume of work within a reasonable time frame.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13	Demonstrates ability to make independent judgments.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14	Willingly accepts suggestions/directions.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15	Shows interest in self-improvement.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16	Understands department/school objectives and works to achieve them.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17	Keeps lines of communication open between self and supervisor.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ADDITIONAL FACTORS									
18	Successful in completing required competency program.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19	Demonstrates the ability to present lessons effectively under the direction of the teacher.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20	Demonstrates ability to work effectively with students of varying handicapping conditions.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21	Effectively implements IEP objectives under the direction of the supervising teacher.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22	Effectively works with regular education teachers and/or community in working with special education students.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23	Demonstrates ability to effectively manage behavior and positively assist children.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24	Demonstrates ability to effectively and safely perform specialized medical procedures.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25	Effectively assists in maintaining a clean and safe environment for students and staff.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26	Demonstrates competence in standard written and oral language.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SUMMARY EVALUATION: Check OVERALL performance

☐ Outstanding
 ☐ Competent / Meets Standards
 ☐ Needs to Improve
 ☐ Unsatisfactory

*Overall rating below "Competent/Meets Standards" will NOT be forwarded to the employee's Personnel File for ten (10) working days after receipt of his/her copy.

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SECTION B: Record job STRENGTHS and superior performance.

SECTION C: Record PROGRESS ACHIEVED in attaining previously set goals for improved work performance for personal or job qualification.

SECTION D: Record specific GOALS OR IMPROVEMENT PROGRAMS to be undertaken during the next evaluation period.

SECTION E: Record specific work performance DEFICIENCIES or job behavior requiring improvement or correction. *Explain checks in Column D.*

ADDITIONAL COMMENTS:

EMPLOYEE:

I certify that this report has been discussed with me. I understand that my signature does not necessarily indicate agreement.

Signature: _____

Date: _____

EVALUATER:

Signature: _____

Print Name: _____

Title: _____

Date: _____

FOR 5TH MONTH EVALUATION

☐ I DO ☐ I DO NOT

recommend this employee be granted permanent status.