

SPECIAL SERVICES COOPERATIVE PARA-EDUCATOR EVALUATION

Name: _____ School: _____

SCALE: D=Distinguished P=Proficient B=Basic U=Unsatisfactory

I. INSTRUCTIONAL DUTIES:

- _____ displays knowledge of content to be taught, with evidence of continuing pursuit of such knowledge.
- _____ implements teacher plans accurately and for the efficient use of time.
- _____ utilizes knowledge of student's varied approaches to learning in instructional activities.
- _____ displays knowledge of student's skills.
- _____ assists with teacher created learner goals that represent high expectations for all students.
- _____ consistently uses teacher created learner goals that are clear (written in the form of student learning, and which permit viable methods of assessment)
- _____ actively seeks and effectively uses instructional materials and resources within classroom as desired by supervising teacher(s).
- _____ consistently uses teacher designed learner activities that are relevant to instructional goals and to the students.
- _____ clearly communicates ideas, concepts, directions, and procedures to students and anticipates possible student misunderstanding.
- _____ uses a variety of high quality questioning skills with adequate time for students to respond. Techniques such as cueing, echoing, restating and probing are used regularly and effectively.
- _____ presentation of content is appropriate and the para-educator demonstrates skill linking content to student knowledge and experiences.
- _____ provides students with specific and timely feedback to their performance on assignments and tests.
- _____ seizes opportunities to enhance learning by building on student questions and interests and by providing enrichment opportunities.
- _____ supports all special needs students in all settings assigned
- _____ consistently and appropriately reinforces students: encourages and rewards
- _____ supervision of students is fair and impartial
- _____ provides choices for students (if permitted by assigned teacher)
- _____ consistently informs supervising teacher(s) regarding student performance in all settings assigned

II. INTERPERSONAL SKILLS:

Interact acceptably/communicates clearly

- with Special Education Staff
- with General Education Staff
- with other Para-Educators
- with Building Principal
- with Students
- with Support Staff (school psych, speech therapists, O.T./P.T., Etc.)
- Avoids criticism, gossip, inappropriate conversations
- Establishes feeling of trust & open communication with Supervisor

III. PROFESSIONAL QUALITIES:

- Consistently Punctual
- Reliable (has not exceeded the number of sick & personal days allowable)
If yes, remark in supervisor's comments section.
- Supports and complies with district, school and special education policies
- Maintains confidentiality in all settings at school and following the normal work day
- Maintains a positive and cooperative attitude
- Accepts constructive suggestions
- Adequate notice of absences by reporting directly to supervisor
- Displays good judgement in decision making situations
- Shows an interest in self-improvement; attends inservices specifically desired by supervising teacher, principal or director.
- Displays knowledge of characteristics of Special Education students
- Consistently follows dress code set by building(s) assigned

IV. CLERICAL:

- Records grades of Special Education students as requested by Special Education teacher
- Grades papers (for special needs students as requested by Special Education teacher)
- Files as requested by Special Education supervisor
- Assists with Bulletin Boards
- Assists with room organization for safe school environment
- Efficient use of Audio-Visual/Media/Copy Machine/Laminator/Computer/etc.
- Has basic computer skills essential to curriculum used for instructional purposes & student goal success
- Personal organizational skills are an asset to supervising teacher
- Routinely updates inservice log & turns it in to central office by due date
(If no, please respond in Supervisor's comments section.)

V. PERSONAL QUALITIES:

- _____ Adapts to new situations; Is flexible
- _____ Serves as a role model for students; Is friendly
- _____ Demonstrates poise/self-control, ability to cope with the unexpected
- _____ Initiative; Does not have to be told to do specific jobs each time/day

VI. Amount of time spent supporting the "instructional" needs of students
(ie. realizing that in a normal 31.5 hr. wkly schedule when break times are deducted the maximum amount of instructional time available would be 92%)

Mark one.

- _____ Above and beyond the call of duty
- _____ 92%
- _____ 90%
- _____ 85%
- _____ 80%
- _____ 75%
- _____ 70%
- _____ 65%
- _____ 60%
- _____ less (be specific)

Supervisor's Comments:

Para-Educators's Comments:

Recommendation for Continued Employment: _____ yes _____ no

Evaluator's Signature: _____ Date: _____

Para-Educator's Signature: _____ Date: _____

*Principal's Signature(optional) _____ Date: _____

*(If probationary status is being considered, Principal should sign.)

Revised (04/05) Approved by 320 Board (--/05)

EMPLOYEE CORRECTIVE ACTION REPORT

Name of Employee: _____ Position: _____

The employee is being corrected for the following reasons:

- | | | |
|--|---|--|
| <input type="checkbox"/> Unreported Absence | <input type="checkbox"/> Failure to obey orders | <input type="checkbox"/> Violation of safety rules |
| <input type="checkbox"/> Tardiness | <input type="checkbox"/> Fighting on company premises | <input type="checkbox"/> Defective and improper work |
| <input type="checkbox"/> Carelessness | <input type="checkbox"/> Leaving without approval | <input type="checkbox"/> Destruction of company property |
| <input type="checkbox"/> Insubordination | <input type="checkbox"/> Housekeeping | <input type="checkbox"/> Reporting under the influence of alcohol or drugs |
| <input type="checkbox"/> Dishonesty | <input type="checkbox"/> Improper conduct | |
| <input type="checkbox"/> Other (specify) _____ | | |

Date and time of occurrence that lead to correcting action: _____

Has the employee been counseled before for the same offense? _____

If "Yes" give date(s): _____

Specifics of the incident for which corrective action is being taken: _____

Corrective action to be taken at this time: _____

Corrective action to be taken upon further violation of district policy: _____

I have reviewed this form with the employee and he/she understands this form will become part of his/her personnel file.

Signature of Supervisor: _____ Date: _____

I have read and understand this corrective action form and understand what will result from further violations of district policy or poor job performance.

Signature of Employee: _____ Date: _____