PARAPROFESSIONAL EVALUATION FORM

SUMNER COUNTY EDUCATIONAL SERVICES

INTERLOCAL 619

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

Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_Probationary (within first 3 months of employment)

\_\_\_\_\_\_1st Eval (Paras in their 2nd year of 1 of 2 required)

\_\_\_\_\_\_2nd Eval (Paras in their 1st or 2nd year of 2 of 2 required)

\_\_\_\_\_\_Annual (Paras with 3 or more years only require one Annual Evaluation)

Evaluation Scale:

* **OUTSTANDING:** Performs assigned duties in a competent and professional manner which exceeds job description.
* **MEETS EXPECTATIONS:** Performs assigned duties at an acceptable level which meets job description.
* **DEVELOPING:** Needs assistance and/or additional training to meet job description.
* **NEEDS IMPROVEMENT:** Performs assigned duties at a level below acceptable to meet job description.
* **NOT APPLICABLE**: Does not apply to the Para’s responsibilities or job performance currently.

|  |  |
| --- | --- |
| **RATING KEY:** | |
| **O = OUTSTANDING** | **ME = MEETS EXPECTATIONS** |
| **D=DEVELOPING** | **NI-NEEDS IMPROVEMENT** |
| **NA=NOT APPLICABLE** |  |

**\*RATING OF NEEDS IMPROVEMENT REQUIRES A WRITTEN STATEMENT WHICH SHALL INCLUDE STEPS FOR IMPROVEMENT.**

|  |  |  |
| --- | --- | --- |
| **IN RELATION TO STUDENT NEEDS**  Demonstrates proficiency in academic skills, including oral and written communication | **RANK** | **COMMENTS** |
| Fosters student independence, socialization, and self-esteem |  |  |
| Assists in adapting instructional activities and materials according to learner needs and individualized program |  |  |
| Tolerance and patience is displayed when students display weakness or make mistakes. |  |  |
| Maintains clear and accurate data on students |  |  |
| Can work with both individual students or in small group situations in either inclusion or special education classroom. |  |  |
|  |  |  |
| **ESSENTIAL JOB FUNCTIONS**  Attends Inservices as requested by Interlocal, completing Professional Development required hours as set forth by KSDE | **RANK** | **COMMENTS** |
| Follows policies and procedures of the classroom, school district and Interlocal |  |  |
| Abides by and follows all areas of confidentiality concerning students and demonstrates discretion |  |  |
| Follows written and oral plans and instructions and seeks clarification as needed |  |  |
| Is well groomed and dressed appropriately for the job assignment (follows dress code of assigned district). |  |  |

|  |  |  |
| --- | --- | --- |
| **WORKING RELATIONSHIPS:**  Participates effectively as a team member and gets along well with other members of staff | **RANK** | **COMMENTS** |
| Recognizes that the classroom teacher is the Supervisor and decision maker of the classroom |  |  |
| Readily accepts input and direction from teachers and other team members |  |  |
| Raises concerns/issues with teacher and/or administration in appropriate manner (follows chain of command) |  |  |
| Responds appropriately to, and acts on, constructive feedback |  |  |

THE FOLLOWING ARE AREAS OF STRENGTHS OF THIS INDIVIDUAL:

IMPROVEMENT IS NEEDED IN THE FOLLOWNG AREAS:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervising Certified Staff Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Building Principal Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Para Facilitator Date

Employee Comments:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee Signature Date

The Paraeducator’s signature on this report does not represent either acceptance or approval of the evaluation. Signatures indicate that the Paraeducator has reviewed this evaluation in conference with the evaluator. An additional evaluation, conducted by SCES administration, may be requested from either the supervising teacher or the individual.