

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"/> <i>Unscheduled</i>										
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"/>				
6	Plans, organizes, and prioritizes work effectively.							<input type="checkbox"/>				
7	Relates respectfully and courteously to students.							<input type="checkbox"/>				
8	Responds to need of community/parents/teachers in a professional manner.							<input type="checkbox"/>				
9	Works courteously and relates effectively with fellow employees.							<input type="checkbox"/>				
10	Exhibits ability to work independently.							<input type="checkbox"/>				
11	Accepts change and demonstrates flexibility.							<input type="checkbox"/>				
12	Completes satisfactory volume of work within a reasonable time frame.							<input type="checkbox"/>				
13	Demonstrates ability to make independent judgments.							<input type="checkbox"/>				
14	Willingly accepts suggestions/directions.							<input type="checkbox"/>				
15	Shows interest in self-improvement.							<input type="checkbox"/>				
16	Understands department/school objectives and works to achieve them.							<input type="checkbox"/>				
17	Keeps lines of communication open between self and supervisor.							<input type="checkbox"/>				
ADDITIONAL FACTORS												
18	Successful in completing required competency program.							<input type="checkbox"/>				
19	Demonstrates the ability to present lessons effectively under the direction of the teacher.							<input type="checkbox"/>				
20	Demonstrates ability to work effectively with students of varying handicapping conditions.							<input type="checkbox"/>				
21	Effectively implements IEP objectives under the direction of the supervising teacher.							<input type="checkbox"/>				
22	Effectively works with regular education teachers and/or community in working with special education students.							<input type="checkbox"/>				
23	Demonstrates ability to effectively manage behavior and positively assist children.							<input type="checkbox"/>				
24	Demonstrates ability to effectively and safely perform specialized medical procedures.							<input type="checkbox"/>				
25	Effectively assists in maintaining a clean and safe environment for students and staff.							<input type="checkbox"/>				
26	Demonstrates competence in standard written and oral language.							<input type="checkbox"/>				

SUMMARY EVALUATION: Check <u>OVERALL</u> performance			
<input type="checkbox"/> Outstanding	<input type="checkbox"/> Competent / Meets Standards	<input type="checkbox"/> Needs to Improve	<input type="checkbox"/> 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.