

Support Staff Evaluation

Employee: _____

Supervisor: _____

School Year: _____

Directions: Please rate each indicator with a check mark. A statement of explanation and an improvement plan must accompany any ratings of “below average” or “unacceptable”.

1st evaluation date: ___/___/___

2nd evaluation date: ___/___/___

Job Performance Indicators	Outstanding		Above Average		Average		Below Average		Unacceptable	
	1 st	2 nd	1 st	2 nd	1 st	2 nd	1 st	2 nd	1 st	2 nd
1. The employee is punctual, maintains a good attendance record, and follows proper procedures when absent.										
2. The employee maintains professional conduct and student confidentiality when talking around others in and out of school.										
3. The employee ensures student safety in all areas and activities.										
4. The employee relates respectfully and courteously to staff.										
5. The employee maintains professional and appropriate relationships with students in and out of school.										
6. The employee dresses appropriately for the assigned duties.										
7. The employee participates in job training opportunities.										
8. The employee follows supervisor’s directions for instructional duties.										
9. The employee accepts change and demonstrates flexibility.										
10. The employee exhibits ability to work independently.										
11. The employee promptly reports to and remains in their assigned area.										
12. The employee participates with teacher/supervisor in planning and implementing prescribed programs.										
13. The employee plans and organizes work effectively.										
14. The employee completes assigned duties correctly.										
15. The employee works courteously and relates effectively with all employees.										
16. The employee communicates with parents in a positive and professional manner.										
17. The employee does not get involved in matters that do not pertain to assigned responsibilities.										

I verify that I have examined this evaluation of my performance during this school year.

_____/_____/_____
Employee’s Signature 1st evaluation date

_____/_____/_____
Employee’s Signature 2nd evaluation date

_____/_____/_____
Principal’s Signature 1st evaluation date

_____/_____/_____
Principal’s Signature 2nd evaluation date

I recommend _____ do not recommend _____ this employee be rehired for the following school year.

Support Staff Evaluation

Job Performance Improvement Plan

Directions: For each indicator rated “**needs improvement**”, please describe the deficiency, then document the improvement plan for that area. After six weeks, the immediate supervisor of the employee shall evaluate the instructional assistant’s job performance based on the implemented improvement plan(s) and another meeting shall be convened to review the results.

Job Performance Indicator and Area of Deficiency	Improvement Plan	Results
Indicator # _____ Deficiency:		
Indicator # _____ Deficiency:		
Indicator # _____ Deficiency:		
Indicator # _____ Deficiency:		
Indicator # _____ Deficiency:		
Indicator # _____ Deficiency:		

Principal’s Signature

____/____/____
Development date

Principal’s Signature

____/____/____
Review date

Employee’s Signature

____/____/____
Development date

Employee’s Signature

____/____/____
Review date