



Special Education-Professional Appraisal

PRINCIPAL'S CHECKLIST

Campus: _____

Please complete and return the following checklist for each of the special education support staff members who work on your campus. Submit the checklist via return e-mail to the special education coordinator who serves your campus. This checklist will be used to help us better meet the needs of students with disabilities on your campus by focusing our attention on staff strengths and weaknesses as well as staff development/training needs. The results of the checklist may also be used as cumulative data as part of employee performance evaluations. Copies will be provided to the employee in accordance with district policy.

Name/Title of SERS Staff Member: _____

Today's Date: _____

The above named Special Education staff member demonstrates:

Appropriate verbal and written communication skills; Yes No

Compliance with timelines, referrals, evaluations, IEP committee meetings, required paperwork, and service provision to students; Yes No

Willingness to provide staff development/training to assist school personnel in understanding and serving students with disabilities; Yes No

A positive /effective relationship with all stakeholders; Yes No

Compliance with all district /local campus routines, rules and policies; Yes No

The ability to effectively coordinate the provision of special education services for students per IEP committee decisions; Yes No

Necessary job related skills required in order to provide special education services for students per IEP committee decisions. Yes No

COMMENTS:

Signature of Campus Administrator