

Franklin Pierce School District
Certificated Support Personnel Evaluation
 Long Form / Summative Track

Check One
<input type="checkbox"/> Provisional <input type="checkbox"/> 90 Day <input type="checkbox"/> Annual <input type="checkbox"/> Non-provisional

Name _____ Years Certificated Experience _____
 School _____ Position _____

Performance Appraisal

Consider each criterion below by reading the criterion indicators.

Meets Expectations: Performance meets that expected of a well-trained individual in this classification.			
Need Improvements: Performance generally below expectations. (Comments and specific recommendations required.)	↓	↓	↓
Does Not Meet Minimum Requirements: (Comments and specific recommendations required.)	↓	↓	↓

1. Knowledge and scholarship in special field			
2. Specialized skills			
3. Management of special and technical environment			
4. The support person as a professional			
5. Involvement in assisting pupils, parents and educational personnel			
6. Performance of non-teaching duties during working day			

Comments and recommendations:

 *Signature of Employee

 Date

 Signature of Evaluator

 Date

**Extra
 Sheets
 Attached** } Yes _____
 No _____

*Signature acknowledges participation in, but not necessarily concurrence with, evaluation conference. Additional comments and/or recommendations may be made by the supervisor on attached sheets. A statement may also be made by the employee. The attachment of any such comments or statement by either party shall be noted on the evaluation form and shall be signed by both parties