

Franklin Pierce School District No. 402

Certificated Support Personnel Evaluation

Short Form

Check One
<input type="checkbox"/> Short Form
<input type="checkbox"/> Professional Growth Track

Name _____ Years Certificated Experience _____

School _____ Position _____

Employee performance is satisfactory in all of the following classifications:

1. Knowledge and scholarship in special field
2. Specialized skills
3. Management of special 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

This short form evaluation shall include one of the following

1. A 30-minute observation during the school year with a written summary.
Summary

2. Two observation totaling 60 minutes instead of summary

Signature of Employee

Signature of Evaluator

Extra Sheets } Y__
Attached } N__

Date

Date

*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.

Original: Human Resources

1st COPY: Supervisor

2nd COPY: Employee