

EVALUATION OF CERTIFICATED SUPPORT PERSONNEL REPORT SUMMARY
(Evaluation Form #2)

NAME _____ Type of Evaluation _____ Annual
SCHOOL _____ _____ Other
ASSIGNMENT _____
(If less than full-time, specify)
DATE OF EVALUATION CONFERENCE _____

This evaluation is based in whole or in part upon observation(s) for the purpose of evaluation which occurred on the date(s) and for the duration(s) indicated as follows:

(Date

(Principal's Signature

The evaluator is responsible for completing evaluation comments on the following criteria utilizing appropriate indicators.

- A. Criteria 2 and 5. (Specialized Skills; Involvement in Assisting Pupils, Parents, and Educational Personnel) (Comments required)

B. Criteria 1, 3, and 4. (Knowledge and Scholarship in Special Field, Management of Special and Technical Environment, The Support Person as a Professional).

Performance degree: Evaluated in terms of what reasonably should be expected of a well-trained individual (check appropriate column)	Satisfactory	Needs* Improvement	Unsatisfactory	Not Rated or Not Applicable
1. Knowledge and Scholarship in Special Field				
3. Management of Special and Technical Environment				
4. The Support Person as a Professional				

Comments/Critique Criteria 1, 3, and 4. (*comments required)

C. Suggestions for Professional Growth and Improvement. (comments required)

D. Statement of Overall Performance. (comments required.)

My signature below indicates that I have seen this evaluation. It does not necessarily indicate agreement with the findings.

 (Date

 Teacher

Statement by Appraisee Attached: ____Yes ____No

Copy to: Employee
 Evaluator
 Superintendent/Personnel File