

Classified Observation Form

Classified Employee Name: _____	Employee ID: _____
Position: _____	Location: _____
Unit Manager Name: _____	

Levels of Performance:

Exceeds	Surpasses, excels, superior skills, goes beyond expectations
Proficient	Satisfies, fulfills, and conforms with expectations
Developing	Become better, develop more skills
Unsatisfactory	Needs significant improvement, insufficient, deficient, does not meet the requirements of the position

Professional Growth Continuum: Refer to pages 22-24 of the Classified Professional Growth and Evaluation Handbook, Professional Growth Continuum, to determine the level of performance for Standards 8 and 8A.

Does Not Apply	Unsatisfactory	Developing	Proficient	Exceeds		
Core Standards						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CS 8: Student Assistance/Management	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		36. Actively support school/department/ district equity goals and activities in creating equitable outcomes for each student.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		37. Provide a safe and supportive environment for students.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CS 8A: Para-Professional Addendum
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	38. Demonstrate respectful interaction and rapport with students.	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	39. Contribute to and support the educational environment by understanding routines and procedures of the classroom or group, including student supervision as appropriate.	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	40. Assist the licensed educator in organization of activities.	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	41. Accurately and independently assists with and prepares lessons, activities, and materials as requested by the licensed educator.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	42. Collect and maintain accurate data as prescribed by the licensed educator.

Comments:

Signatures:

To be signed after the unit manager discusses the observation feedback with the employee. This observation form will be filed in the supervisory file, as evidence toward the performance evaluation. I understand my signature does not necessarily indicate agreement.

Employee Signature/Date

Unit Manager Signature/Date