

NORTH KITSAP SCHOOL DISTRICT #400

SUPPORT STAFF

Name _____ Date _____
Assignment _____ School _____
Year _____

	<u>Satisfactory</u>	<u>Unsatisfactory</u>	
	Meets Criteria	Needs Improvement	Does Not Meet Criteria
I. Knowledge and Scholarship in Special Field	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
II. Specialized Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
III. Management of Special and Technical Environment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
IV. The Support Person As a Professional	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
V. Involvement in Assisting Pupils, Parents, and Educational Personnel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

COMMENTS ATTACHED

It is my judgment based upon adopted criteria that this employee's overall performance has been _____ during the evaluation period covered in this report.
satisfactory /unsatisfactory

Supervisor's Signature

The certificated employee's signature indicates that the evaluatee has read and discussed the evaluation in a conference with the evaluator. The evaluatee has the right of addendum; if such a statement is to be attached, check here (). Such addendums must bear the signature of the supervisor, indicating only that he/she has seen it.

Date of Evaluation Conference: _____

Evaluee: _____ Evaluator: _____

Position: _____

White Copy, Personnel File; Yellow Copy, Employee; Pink Copy, Supervisor