



**PUYALLUP SCHOOL DISTRICT  
Confidential Certificated ESA Evaluation**

**NAME**

**SCHOOL YEAR**

**EMPLOYEE ID #**

**SCHOOL**

**GRADE OR SUBJECT**

**MEETS EXPECTATIONS:** Performance meets that expected of a well-trained individual in this classification. (Comments required if requested by evaluator or evaluatee)

**NEEDS IMPROVEMENT:** Performance generally below expectations. (Comments and specific recommendations required.)

**DOES NOT MEET CRITERION:** (Comments and specific recommendations required.)

1. Knowledge and Scholarship in Special Field	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Specialized Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Management of Special and Technical Environment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. The Support Person as a Professional	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Involvement in Assisting Pupils, Parents and Educational Personnel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Check one:  Short Form: Evaluator and Employee agree to a short form evaluation this school year.  
 Long Form: Comments and/or Recommendations are included on attached pages.

**COMMENTS AND/OR RECOMMENDATIONS:**

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. RECOMMENDATIONS:

\* \_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Signature of Evaluator

\_\_\_\_\_  
Evaluator's ID    Evaluator's Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

\* Signature acknowledges participation in, but not necessarily concurrence with, evaluation conference. Additional comments, and/or recommendations may be made by the evaluator on an attached sheet. The employee also may attach his own statement. The attachment of any comments or statement by either party shall be noted on the evaluation form and shall be signed by both parties.

Copy distribution: Personnel File  
                          Certificated Employee  
                          Principal or Director