



# CANUTILLO INDEPENDENT SCHOOL DISTRICT SUPPLEMENTAL STIPEND APPLICATION/EVALUATION FORM

## APPLICATION

NAME : \_\_\_\_\_ DATE: \_\_\_\_\_

STIPEND ACTIVITY: \_\_\_\_\_ ACCOUNT # : \_\_\_\_\_

CAMPUS/LOCATION: \_\_\_\_\_ SCHOOL YEAR: \_\_\_\_\_

STIPEND AMOUNT: \_\_\_\_\_ PAYMENT IS FOR:  1st Semester  2nd Semester (select one)

STIPEND ACTIVITY BEGIN DATE: \_\_\_\_\_ END DATE: \_\_\_\_\_

\_\_\_\_\_ I affirm that I am in good standing with the district and, when applicable, have received good evaluations in all my stipend-compensated activities in this district or in any school district (DEA Local Regulation).

\_\_\_\_\_ I affirm that I have not had a grievance upheld against me in regard to stipend-compensated activities in this district or in any school district.

\_\_\_\_\_ I understand that all work for which I am receiving a stipend must be completed before or after the hours for which the District has already compensated me.

\_\_\_\_\_ I understand that an evaluation must be completed each year concerning my stipend-compensated activities.

\_\_\_\_\_ I understand that stipend-compensated activities are at-will and may be discontinued by either party at any time (DK Local).

\_\_\_\_\_ I understand that exempt personnel are eligible for stipend-compensated activities.

Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Employee /Participant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
**APPROVAL BY APPLICANT'S SUPERVISOR**

\_\_\_\_\_  
Date

*For HR use only*

*Stipend application/evaluation received on: \_\_\_\_\_*

*Stipend amount: \_\_\_\_\_ Approved Stipend Amount: \_\_\_\_\_*

\_\_\_\_\_  
**AUTHORIZED SIGNATURE**

\_\_\_\_\_  
**DATE**

# EVALUATION

NAME: \_\_\_\_\_ CAMPUS LOCATION: \_\_\_\_\_ EVENT: \_\_\_\_\_

NUMBER OF PARTICIPANTS: \_\_\_\_\_

## **Rating Scale:**

**2-Exceeds Expectations**

**3-Satisfactory**

**4-Below Expectations**

**5-Unsatisfactory**

## **PROFESSIONAL & PERSONAL RELATIONSHIPS**

- |  |     |   |   |   |   |
|--|-----|---|---|---|---|
| 1. Support the program/activity of Canutillo ISD.                            | N/A | 2 | 3 | 4 | 5 |
| 2. Demonstrate loyalty to the Principal and Supervisor.                      | N/A | 2 | 3 | 4 | 5 |
| 3. Establish good rapport with student, staff, and parents.                  | N/A | 2 | 3 | 4 | 5 |
| 4. Practice acceptable personal conduct before, during, and after a contest. | N/A | 2 | 3 | 4 | 5 |
| 5. Display good dress and grooming habits.                                   | N/A | 2 | 3 | 4 | 5 |

## **ORGANIZATION & ADMINISTRATIVE RESPONSIBILITIES**

- |  |     |   |   |   |   |
|--|-----|---|---|---|---|
| 1. Keep the Principal informed of total program/activity status within his/her school or sport school. | N/A | 2 | 3 | 4 | 5 |
| 2. Is dependable in performing assigned duties.  | N/A | 2 | 3 | 4 | 5 |
| 3. Goes through proper channels with problems, etc.  | N/A | 2 | 3 | 4 | 5 |
| 4. Total program under his/her direction show signs of continues improvement.                          | N/A | 2 | 3 | 4 | 5 |
| 5. Organize and supervises programs under his/her direction.   | N/A | 2 | 3 | 4 | 5 |
| 6. Conduct monthly/weekly meetings as needed.  | N/A | 2 | 3 | 4 | 5 |
| 7. Observe U.I.L. and T.E.A. rules and regulations.  | N/A | 2 | 3 | 4 | 5 |

## **EQUIPMENT AND SUPPLIES**

- |  |     |   |   |   |   |
|--|-----|---|---|---|---|
| 1. Maintain proper care of equipment.                        | N/A | 2 | 3 | 4 | 5 |
| 2. Prepare a sound budget.                                   | N/A | 2 | 3 | 4 | 5 |
| 3. Properly inspect equipment and facility to ensure safety. | N/A | 2 | 3 | 4 | 5 |
| 4. Properly supervise use of facilities.                     | N/A | 2 | 3 | 4 | 5 |

## **PERFORMANCE**

- |  |     |   |   |   |   |
|--|-----|---|---|---|---|
| 1. Display knowledge of the program/activity.                | N/A | 2 | 3 | 4 | 5 |
| 2. Relate knowledge of program/activity to participants.     | N/A | 2 | 3 | 4 | 5 |
| 3. Recruit and retains maximum number of participants.       | N/A | 2 | 3 | 4 | 5 |
| 4. Motivate participants toward individual best performance. | N/A | 2 | 3 | 4 | 5 |
| 5. Provide proper supervision of participation.              | N/A | 2 | 3 | 4 | 5 |
| 6. Work and spends the time to get the job done.             | N/A | 2 | 3 | 4 | 5 |
| 7. Has desire to grow professionally.                        | N/A | 2 | 3 | 4 | 5 |
| 8. Display sound judgment and interest in program/activity.  | N/A | 2 | 3 | 4 | 5 |

## **COMMENTS:**

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
EVALUATOR SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
COACH/PARTICIPANT SIGNATURE

\_\_\_\_\_  
DATE

*This signature indicates that the coach/sponsor has read and discussed the evaluation report. It does not necessarily indicate agreement with all factors of the evaluation. The coach/sponsor may express his disagreement in writing and attach that information to the evaluation form.*