

Lamoille North Supervisory Union Paraprofessional Self-Evaluation

Date:	Employee Name:
Evaluator:	Supervisor:

	Always	Sometimes	Never	Evidence / Comments: *Specific examples are recommended
Do you use appropriate strategies to engage and motivate students?				
Do you establish rapport with students?				
Do you follow oral and written directions by the licensed professional?				
Do you accurately file data and documents in a way that is effective and organized?				
Are you able to effectively and accurately collect and report data on students?				
Do you understand/implement behavior plans?				
Do you support the student's education and emotional needs?				
Do you effectively and efficiently prepare and implement instructional programs as directed by license professionals?				
Do you give instructions in a clear and concise manner?				
Do you complete assigned tasks in a timely manner that meet expectations around quality, quantity and timeliness?				
Do you communicate in a way that is respectful and positive?				
Do you understand the distinction between roles and responsibilities of paraprofessionals and licensed professionals?				
Do you treat others (students and personnel) with respect, tact, kindness and without bias?				
Do you follow proper protocol when communicating with parents / caregivers?				
Do you use appropriate precautions when exposed to health and personal related services, i.e., blood, body fluids?				
Do you provide health and personal care support when required i.e., toileting, feeding?				
Do you follow the district's mandatory training and reporting procedures?				
Do you adjust well to new situations?				

Do you seek, accept and apply constructive feedback to learn and improve your skills?				
Do you participate in professional development and trainings?				
Do you demonstrate punctuality, follow the approved schedule and procedures for absences or regular attendance?				

	What are your goals for the current school year? What is your plan to achieve your goals?
	It would be beneficial if your supervisor provided the following:
	Other thoughts/celebrations/challenges you may have about your position?

Signed: _____
Employee Date

Signed: _____
Administrator Date