

# UNION COUNTY EDUCATIONAL SERVICES COMMISSION

## ANNUAL EVALUATION FOR TEACHING ASSISTANT

<b>Name:</b>	<b>Date:</b>
<b>School/Department:</b>	<b>Evaluator:</b>

**CODE:** AG = AREA FOR GROWTH E = EMERGING P = PROFICIENT D = DISTINGUISHED

	AG	E	P	D
1. Proficiency in assisting the classroom teacher with non-teaching duties: management and supervision of students, clerical work, maintaining an environment which is conducive to learning				
Comments:				
2. Demonstrates professionalism and appropriate behavior when working with students				
Comments:				
3. Participation in ongoing self-evaluation and reflection of performance				
Comments:				
4. Assistance in providing an atmosphere that promotes social-emotional learning for all students				
Comments:				
5. Maintains ongoing communication with certified staff and administration				
Comments:				
6. Ability to work in harmony with pupils, faculty, parents, coworkers, and administrators				
Comments:				
7. Attend meetings and special programs as required				
Comments:				
8. Conforming to all published district policies, including those which pertain to employees' attendance, confidentiality of information, supervision of students, and safety				
Comments:				
9. Performance of other duties as required				
Comments:				
10. (Customizable?)				
Comments:				

## Attendance Summary

Absences as of April 1, 2026	
Personal Illness	
PTO	

### **Additional Comments:**

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Paraprofessional

\_\_\_\_\_  
Date

*I have read this document and understand a copy will be placed in my personnel file.  
Signature implies only that the staff member has read this document.*