

Rochester School Corporation

Paraprofessional Performance Evaluation

Date: _____

Name: _____ Position: _____

Scale	<i>Paraprofessional's performance has been:</i>
4	Very Good – goes beyond expectations
3	Satisfactory - meets all required expectations
2*	Needs Improvement – area(s) of underperformance need to be acknowledged and discussed with a plan to bring up performance
1**	Ineffective - poor performance in multiple areas. The supervisor/ principal must help the paraprofessional complete a corrective plan of action for temporary and extended amounts of time, with clear goals, and a follow through with expectations

*A written plan of improvement should be created and signed by the employee and principal/supervisor to ensure support for the employee on performance goals.

**A written plan of improvement must be created and signed by the employee and principal/supervisor and revisited by a set time period. The principal/supervisor must assure that the paraprofessional improves immediately, to guarantee that the education and well-being of students are kept priority.

Employee Name: _____ Date: _____

1. Quality of work 4 3 2 1

Understands and carries out oral & written instructions

2. Attendance and Punctuality 4 3 2 1

Observes designated work hours & follows leave policy

3. Maintains Confidentiality 4 3 2 1

Keeps student information private (grades, attendance, behavior, etc.)

4. Is a Positive Role Model 4 3 2 1

Promotes positive self-concept in students

5. Encourages student growth in life skill areas 4 3 2 1

Promotes student independence and self-help skills

6. Demonstrates teamwork 4 3 2 1

Cooperates with all staff members

7. Provides educational support to students 4 3 2 1

Assists the teacher/supervisor to support instruction

8. Flexibility and Initiative 4 3 2 1

Adapts to different tasks as needed and thinks ahead

9. Responds well to Productive Critiques**4 3 2 1**

Demonstrates use of constructive criticism for improvements

10. Appearance**4 3 2 1**

Attire and grooming are on a professional level

SCORE PER ITEM NUMBER:**1 2 3 4 5 6 7 8 9 10**

--	--	--	--	--	--	--	--	--	--

4 = Highly Effective

3 = Effective

2 = Needs Improvement

1 = Ineffective

Recommended for:

- ☐ Continued Employment
- ☐ Continued Employment with concerns
- ☐ Continued Employment with Probation
- ☐ Termination

Evaluator's Comments:**Employee's Comments:**

(Evaluator's Signature)

(Date)

(Employee's Signature)

(Date)

**My signature indicates I have read this evaluation, not necessarily that I agree with it.*