

Name (Last)	(First)	(M.I.)	Job Title
School or Department		Period of Report	Date

1. Demonstrates understanding of the value of providing instructional and other direct services to all children and youth with disabilities.	<input type="checkbox"/> Does not meet competency. <input type="checkbox"/> Progressing towards meeting competency. <input type="checkbox"/> Applies knowledge in daily work.
2. Demonstrates understanding of the roles and responsibilities of certificated/ licensed staff and Paraeducators.	<input type="checkbox"/> Does not meet competency. <input type="checkbox"/> Progressing towards meeting competency. <input type="checkbox"/> Applies knowledge in daily work.
3. Demonstrates knowledge of (a) patterns of human development and milestones typically achieved at different ages, and (b) risk factors that may prohibit or impede typical development.	<input type="checkbox"/> Does not meet competency. <input type="checkbox"/> Progressing towards meeting competency. <input type="checkbox"/> Applies knowledge in daily work.
4. Demonstrates ability to practice ethical and professional standards of conduct, including the requirement of confidentiality.	<input type="checkbox"/> Does not meet competency. <input type="checkbox"/> Progressing towards meeting competency. <input type="checkbox"/> Applies knowledge in daily work.
5. Demonstrates ability to communicate with colleagues, follow instructions and use problem solving and other skills to work as an effective member of the instructional team.	<input type="checkbox"/> Does not meet competency. <input type="checkbox"/> Progressing towards meeting competency. <input type="checkbox"/> Applies knowledge in daily work.
6. Demonstrates ability to provide positive behavioral support and management.	<input type="checkbox"/> Does not meet competency. <input type="checkbox"/> Progressing towards meeting competency. <input type="checkbox"/> Applies knowledge in daily work.
7. Demonstrates knowledge of the legal issues related to the education of children and youth with disabilities and their families.	<input type="checkbox"/> Does not meet competency. <input type="checkbox"/> Progressing towards meeting competency. <input type="checkbox"/> Applies knowledge in daily work.
8. Demonstrates awareness of diversity among the children, youth, families, and colleagues with whom he/she works.	<input type="checkbox"/> Does not meet competency. <input type="checkbox"/> Progressing towards meeting competency. <input type="checkbox"/> Applies knowledge in daily work.
9. Demonstrates knowledge and application of the elements of effective instruction to assist teaching and learning as developed by the certificated/licensed staff in a variety of settings.	<input type="checkbox"/> Does not meet competency. <input type="checkbox"/> Progressing towards meeting competency. <input type="checkbox"/> Applies knowledge in daily work.
10. Demonstrates ability to utilize appropriate strategies and techniques to provide instructional support in teaching and learning as developed by the certificated/licensed staff.	<input type="checkbox"/> Does not meet competency. <input type="checkbox"/> Progressing towards meeting competency. <input type="checkbox"/> Applies knowledge in daily work.
11. Demonstrates ability to motivate and assist children and youth.	<input type="checkbox"/> Does not meet competency. <input type="checkbox"/> Progressing towards meeting competency. <input type="checkbox"/> Applies knowledge in daily work.
12. Demonstrates knowledge of and ability to follow District health, safety, and emergency procedures.	<input type="checkbox"/> Does not meet competency. <input type="checkbox"/> Progressing towards meeting competency. <input type="checkbox"/> Applies knowledge in daily work.
13. Demonstrates awareness of the ways in which technology can assist teaching and learning.	<input type="checkbox"/> Does not meet competency. <input type="checkbox"/> Progressing towards meeting competency. <input type="checkbox"/> Applies knowledge in daily work.
14. Demonstrates awareness of personal care and/or health related support.	<input type="checkbox"/> Does not meet competency. <input type="checkbox"/> Progressing towards meeting competency. <input type="checkbox"/> Applies knowledge in daily work.

Name (Last)	(First)	(M.I.)	Date
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| 1. Attendance: | <input type="checkbox"/> Does not meet expectation
(Uses more sick leave than accrued annually.) | <input type="checkbox"/> Meets expectation
(Uses no more sick leave than accrued annually.) | |
| 2. Punctuality: | <input type="checkbox"/> Does not meet expectation
(Is frequently late.) | <input type="checkbox"/> Meets expectation
(Is infrequently late.) | |
| 3. Cooperation: | <input type="checkbox"/> Does not meet expectation
(Uncooperative) | <input type="checkbox"/> Needs improvement
(Not consistently cooperative) | <input type="checkbox"/> Meets expectation
(Usually cooperates and gets along well with others.) |
| 4. Dependability: | <input type="checkbox"/> Does not meet expectation
(Work must be closely supervised.) | <input type="checkbox"/> Needs improvement
(Needs more supervision than others doing the same work.) | <input type="checkbox"/> Meets expectation
(Can be entrusted to do a job with routine supervision.) |
| 5. Initiative: | <input type="checkbox"/> Does not meet expectation
(Lacks initiative; performs only as directed.) | <input type="checkbox"/> Needs improvement
(Rarely shows initiative.) | <input type="checkbox"/> Meets expectation
(Shows initiative; makes suggestions.) |

Identified goals for the upcoming year:

(use additional space if necessary)

Evaluator's Comments:

(use additional space if necessary)

Signature of Building/Program Administrator _____

NOTE: The employee may attach his/her own written comments to the evaluation, provided the comments are presented within five working days of the date of the evaluation. Any added comments must be dated and signed by both the evaluator and the employee.

The signature below does not necessarily imply that the employee agrees with the preceding report, only that s/he has seen and discussed it with the evaluator and has been provided a copy.

Signature of Employee _____ Date _____