SCOE EMPLOYEE EVALUATION CLASSIFIED TEACHER ASSISTANT, TEACHER ASSISTANT/DRIVER, TEACHER ASSISTANT/BUS DRIVER Name: Position Title: Date of Evaluation: Worksite: Department: **Employment Status:** ☐ Probationary – 1st Evaluation Annual Review Probationary – 2nd Evaluation Check the appropriate box. The expectation levels are based on the job description, Meets Needs Unsatisoffice policies and practices and the standards for all like positions. Comments must N/A Standards Improvement factory be made if rating of "Needs Improvement" or "Unsatisfactory" are made. PERSONAL QUALITIES Appropriate appearance for the job. 1. Dependable – punctual and has regular attendance. 3. Uses good judgment. 4. Shows initiative. 5. Courteous and tactful. Flexible – willing to accept change or adapt to different aspects of the job. Comments: JOB PERFORMANCE Starts and completes tasks without specific supervision. 2. Produces accurate and complete work. Maintains equipment (i.e., adaptive equipment, video П equipment, vehicles, etc.) 4. Makes use of good safety practices. Performs other job related duties or tasks willingly, promptly, and effectively (i.e. signing, bilingual translating, etc.). Maintains confidentiality required for assigned position. 6. Follows and implements teacher prepared lesson. Organizes \Box materials needed for the lesson. 8. Responds appropriately to unusual or emergency situations. 9. Completes paper work accurately and on time. 10. Assures that all supplies are available when needed. Comments: **QUALITY OF WORK** Job knowledge 1. 2. Neatness 3. Thoroughness Accuracy Comments:

Check the appropriate box. The expectation levels are based on the job description, office policies and practices and the standards for all like positions. Comments must be made if rating of "Needs Improvement" or "Unsatisfactory" are made.		N/A	Meets Standards	Needs Improvement	Unsatis- factory		
	WORK MANA	GEMENT	l				
1.	Devises effective solutions to problems.						
2.	Effectively plans and organizes work.						
3.	Communicates clearly and effectively whether orally or in writing.						
Co	mments:						
1	WORK PRODU	JCTIVITY					
1.	Provides an effective volume of output/efficiency.						
2.	Meets schedules.			Ш			
Co	mments:						
ATTITUDE TOWARD WORK							
1.	Follows SCOE policies.						
2.	Follows worksite policies.						
3.	Accepts criticism and implement suggestions.						
4.	Accepts responsibility willingly.						
5.	Endeavors to improve work techniques.						
6.	Demonstrates interest in work.						
7.	Accepts new ideas and procedures.						
Comments:							
RELATIONSHIP WITH PEOPLE							
1.	Sensitive to student dignity.						
2.	Uses appropriate communication skills both oral and written.						
3.	Supports team effort.						
4.	Effective in dealing with staff, students and public.						
Comments:							
PROFESSIONAL GROWTH							
1.	Participates in designated in-service training.	Yes	□No	□ N/A			
2.	Makes personal effort to improve education and job-related		_				
C	skills.	Yes	☐ No	□ N/A			
Co	mments:						

EVALUATION SUMMARY					
A. Evaluator's Comments:					
B. Suggestions for In-Service Training:					
B. Suggestions for in Service Training.					
C. Certification of Evaluator:					
I hereby certify that this report constitutes my best judgment of the service value of this employee and is based on personal					
observation and knowledge of his/her work.					
Supervisor's Signature:	Date:				
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D. Waiver (Permanent Employee Only)					
Evaluation may be waived upon written consent of employ					
Evaluation forschool year waived.					
Employee's Signature:	Department Head's Signature:				
Supervisor's Signature:	Date:				
Supervisor s Signature.	Date.				
E. Waiver (Permanent Employee Only)					
Evaluation may be waived upon written consent of employee, supervisor and department head.					
Evaluation forschool y	vear waived.				
Employee's Signature:	Department Head's Signature:				
Supervisor's Signature:	Date:				
F. Employee's Comments:					
2. Employee & Comments.					

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G. Employee Certification:				
My signature acknowledges that I have read and/or discussed this evaluation. It does not imply that I agree or disagree. I have received a copy of this evaluation.				
Employee's Signature:	Date:			

This evaluation and all attachments will be places in your personnel file. You have ten (10) days from receipt of this evaluation to make any signed written comments you wish, which will be attached to this evaluation and placed in your personnel file.

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