# APPENDIX M.

Certificated Support Employee

Final Evaluation (Long Form)

|  |  |
| --- | --- |
| **Employee’s Name:** |  |
| **School:** |  |
| **Evaluator:** |  |
| **Dates of Observation:** |  |
| **Date of Conference:** |  |
| **Date of Evaluation:** |  |
| **Evaluation Period:** | From: To: |

**Directions:** This report is to be completed at the end of the evaluation period. The report is to be discussed at the evaluation conference and then distributed as follows:

* One (1) copy to the employee being evaluated
* One (1) copy to be retained by the evaluator
* One (1) copy to the District office

|  |
| --- |
| **S = Satisfactory** (Meets District Criteria)**U = Unsatisfactory** (Does not meet District Criteria) |

|  |  |  |
| --- | --- | --- |
| 1. **Knowledge and Scholarship in Special Field:**
 | **S** | **U** |
| * 1. **The employee demonstrates a depth and breadth of knowledge of theory and content in the special field.**
	2. **The employee demonstrates an understanding of and knowledge about common school education and the educational milieu K-12.**
	3. **The employee demonstrates the ability to integrate the area of specialty into the total school milieu.**
 |

|  |  |  |
| --- | --- | --- |
| 1. **Specialized Skills:**
 | **S** | **U** |
| * 1. **The employee demonstrates a competent level of skill and knowledge in designing and conducting specialized programs of prevention, instruction, remediation and evaluation.**

 |

|  |  |  |
| --- | --- | --- |
| 1. **Management of Special and Technical Environment:**
 | **S** | **U** |
| * 1. **The employee demonstrates an acceptable level of performance in managing and organizing the special materials, equipment and environment essential to the specialized program.**

 |

|  |  |  |
| --- | --- | --- |
| 1. **The Support Employee as a Professional:**
 | **S** | **U** |
| * 1. **The employee demonstrates awareness of his/her limitations and strengths and shall demonstrate continued professional growth.**

 |

|  |  |  |
| --- | --- | --- |
| 1. **Involvement in Assisting Pupils, Parents and Educational Personnel:**
 | **S** | **U** |
| * 1. **The employee demonstrates an acceptable level of performance in offering specialized assistance in identifying those needing specialized programs.**

 |

|  |  |  |
| --- | --- | --- |
| 1. **Professional Conduct:**
 | **S** | **U** |
| * 1. **The employee demonstrates professionalism through compliance with applicable rules and regulations of the State, the policies of the District and the procedures established within the buildings.**

 |

|  |
| --- |
| **COMMENTS** (use additional sheets if necessary): |

**Observation Record (total of at least sixty (60) minutes required):**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Date: |  | Class/Activity: |  | Length of Observation: |  |
| Date: |  | Class/Activity: |  | Length of Observation: |  |
| Date: |  | Class/Activity: |  | Length of Observation: |  |
| Date: |  | Class/Activity: |  | Length of Observation: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Employee Signature:** |  | **Date:** |  |
| **Evaluator’s Signature:** |  | **Date:** |  |

NOTE: Employee’s signature indicates only that he/she has read and has received a copy of this evaluation, not necessarily that he/she agrees with the content. Employee comments may be attached.