# APPENDIX M.

Certificated Support Employee

Final Evaluation (Long Form)

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| **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

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

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| 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.** | | |

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| 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.** | | |

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| 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.** | | |

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| 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.** | | |

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| 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.** | | |

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| 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.** | | |

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

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

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

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| **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.