

# LONGVIEW INDEPENDENT SCHOOL DISTRICT

## Paraprofessional Performance Evaluation Form

Employee Name:

Employee ID#

Evaluator Name:

Evaluation Period:

Job Title:

Department/Campus:

From:

To:

### Rating Scale:

**E = Exceeds Expectations**

**P = Proficient**

**I = Needs Improvement**

**NA=Not applicable**

Employee performs most tasks in an exceptional manner

Employee performs many tasks well, other tasks performed adequately

Employee consistently performs tasks below established standards

Not required or observed as part of duties or responsibilities

The criteria below are local performance expectations that may be considered as part of the letter of reasonable assurance extension for the ensuing year. The supervisor should rate each criterion according to the guidelines above. Any area rated below "Proficient" should be supported with written comments or objectives. Supplemental documentation supporting the rating should be attached.

### EVALUATION OF PERFORMANCE

Annual

Other

Date: \_\_\_\_\_

#### WORK HABITS AND CAPABILITIES

Demonstrates a positive attitude

Communicates effectively and professionally

Exhibits courteous customer service skills

Works well with co-workers and seeks help as needed

Demonstrates flexibility to assigned tasks

Demonstrates effective organization and planning

#### JOB KNOWLEDGE

Participates in meetings, training and special events

Maintains organized and efficient work area

Demonstrates appropriate job knowledge

Exhibits technical skills to meet the needs of positions

#### JOB PERFORMANCE

Performs duties in a timely manner

Follows verbal and written instructions

Follows safety guidelines

Relates well with students/parents/community/others

Prioritizes work with minimal supervision

Manages time efficiently

Accuracy/quality of work

#### PERSONAL AND PROFESSIONAL QUALITIES

Follows attendance guidelines

Follows dress and appearance guidelines

Follows punctuality guidelines

Maintains confidentiality

EVALUATOR'S COMMENTS/OBJECTIVES:

EMPLOYEE'S COMMENTS:

Recommended for Renewal

Yes

No

*For purposes of this document each party's typed name shall be deemed as an original signature.*

Employee's Signature \_\_\_\_\_

Evaluator's Signature \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

*My signature indicates this report has been discussed with me. I also understand my signature does not necessarily indicate agreement, and that I have 10 working days to prepare a written response that will be attached to this evaluation. I am aware this evaluation review will be placed in my personnel file.*