

**AIDE, DEAF EDUCATION
Summative Appraisal Form**

Name _____ Location _____

Appraisal Period: From _____ to _____ Date of Review _____

Directions

The following statements describe the employee who achieves success. Based on cumulative performance information, the evaluator estimates the employee's effectiveness in meeting each criterion. Rate each criterion using the scale below that most closely describes the employee's attainment of that criterion. For each domain, a comment area is provided for general statements and/or recommendations.

Rating Scale

- | | | |
|----------|------------------------------|--|
| 5 | Clearly Outstanding: | Performance is consistently far superior to what is normally expected |
| 4 | Exceeds Expectations: | Performance Demonstrated increased proficiency and is consistently above expectations. |
| 3 | Meets Expectations: | Performance meets expectations and presents no significant problems. |
| 2 | Below Expectations: | Performance is consistently below expectations and significant problems exist. |
| 1 | Unsatisfactory: | Performance is consistently unacceptable. |
| 0 | Not Applicable | |

JOB PERFORMANCE STATEMENTS

- ___ 1. Communicate what is being said to each deaf student and be ready to explain what the student may not understand.
- ___ 2. Assist the deaf program by communicating for any/all activities in which communicating is deemed appropriate.
- ___ 3. Assist hearing-impaired students and/or parents by functioning strictly as a communication facilitator when deemed appropriate.
- ___ 4. Become a liaison person between the deaf program and the mainstream teacher.
- ___ 5. Become a liaison person between the deaf program and the mainstream teacher.
- ___ 6. Maintains confidentiality.

COMMENTS: _____

Other

- ___ 7. Perform other duties as assigned by supervisor.

COMMENTS: _____

What strengths does _____ possess?

What are some improvements _____ can make to ensure a higher degree of success?

Summative Conference Comments:

Recommendation of Evaluator: I have read and received a copy of this evaluation. I have reviewed this instrument.

- ___ Renewal and/or Extension of Assignment
- ___ Non-renewal of Assignment
- ___ Termination of Assignment
- ___ Non-extension of Assignment

Administrator (Print Name) Date

Administrator's Signature Date

Employee's Signature Date