

**BEHAVIOR SPECIALIST
Summative Appraisal Form**

Name _____

School 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 demonstrates 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

General Duties

- ____1. Provides Texas Behavior Support Initiative (TBSI)/Autism training to teams at all campuses.
- ____2. Provides Crisis Prevention Institute (CPI) training to campus staff, as needed.
- ____3. Provides staff development related to TBSI/Autism for regular education and special education staff.
- ____4. Maintains an up to date list of trained TBSI teams at all campuses.
- ____5. Provides counseling, as it relates to behavior/autism disorder, for students, teachers, parents and administrators.
- ____6. Participates in case conferences concerning individual students as requested.
- ____7. Participates in the Admission, Review and Dismissal (ARD) Committee to assist in appropriate placement and goal setting for students with behavioral/autism disorders.
- ____8. Assists in developing individualized behavior management plans for students as needed.
- ____9. Complies with district policies as well as state and federal guidelines.

COMMENTS: _____

Other

____10. Performs other duties as assigned.

COMMENTS: _____

What strengths does _____ possess?

What are some improvements _____ can make to ensure a higher degree of success for students on this campus/department?

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 (Signature)

Date

Employee's Signature

Date