

**CRITICAL NEEDS ASSISTANT (SPECIAL 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 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

Student Management

- ____ 1. Helps meet the individual needs of students, including transferring them to and from wheelchairs, lifting and positioning them, and signing or interpreting instructions for them, etc.
- ____ 2. Helps students take care of physical needs and personal care including feeding, bathroom needs, and personal hygiene.
- ____ 3. Helps manage the behavior of assigned students.
- ____ 4. Assumes responsibility for learning and adapting to each student's special medical, physical, communicative, and emotional needs.
- ____ 5. Work with student(s) in small groups on instructional activities as assigned by teacher.
- ____ 6. Assists assigned students throughout school day, inside and outside classroom. This includes lunchroom, bus, and playground duty.
- ____ 7. Keeps teacher informed of special needs or problems of assigned students.

____ 8. Implement and follow student Behavior Improvement Plan (BIP)

COMMENTS: _____

Other

____ 9. Participates in professional development programs, faculty meetings, and special events as assigned.

____ 10. Perform other duties assigned by supervisor.

____ 11. Maintains confidentiality of information.

____ 12. Complete necessary behavior data tracking form.

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's (Signature)

Date

Employee's Signature

Date