

## Consolidated School District of New Britain Paraeducator Performance Evaluation

Employee Name: \_\_\_\_\_ Rating Period from: \_\_\_\_\_ to: \_\_\_\_\_

Position: \_\_\_\_\_ Location: \_\_\_\_\_

Rating type:  Annual  Probationary  Follow-up  Administrative concern  Transfer/Promotion

Evaluator: \_\_\_\_\_ Co-evaluator: \_\_\_\_\_

Rating Key: EE=Exceeds Expectations, ME=Meets Expectations, NI=Needs Improvement, US=Unsatisfactory

| <b>A. Relationship with Students</b>  | EE | ME | NI | US |
|---|----|----|----|----|
| A1. Displays a positive relationship with students  |    |    |    |    |
| A2. Displays patience with students   |    |    |    |    |
| A3. Communicates effectively with students  |    |    |    |    |
| A4. Supports the student's Individualized Education Plan (IEP); carries out accommodations for student(s) as determined by teacher            |    |    |    |    |
| A5. Applies behavioral techniques according to classroom expectations; Supports the student's Behavior Intervention Plan (BIP), if applicable |    |    |    |    |

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

| <b>B. Relationship with Teacher(s) / Supervisor</b>                               | EE | ME | NI | US |
|---|----|----|----|----|
| B1. Follows teacher's / supervisor's oral and written directions                  |    |    |    |    |
| B2. Asks for clarification when needed  |    |    |    |    |
| B3. Reports pupil progress to teacher(s) / supervisor                             |    |    |    |    |
| B4. Interacts with other educational staff in a cooperative and respectful manner |    |    |    |    |
| B5. Assists in establishing/maintaining an efficient and effective class climate  |    |    |    |    |

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

| <b>C. Responsibilities</b>   | <b>EE</b> | <b>ME</b> | <b>NI</b> | <b>US</b> |
|--|-----------|-----------|-----------|-----------|
| C1. Prompt in getting to assigned areas  |           |           |           |           |
| C2. Demonstrates initiative  |           |           |           |           |
| C3. Seeks to improve skills required for the job   |           |           |           |           |
| C4. Works independently and completes work assigned  |           |           |           |           |
| C5. Adheres to district policy on confidentiality  |           |           |           |           |
| C6. Reports concerns regarding student(s) to supervising teacher and/or administrator  |           |           |           |           |
| C7. Makes efficient use of time  |           |           |           |           |
| C8. Conducts self in a professional manner   |           |           |           |           |
| C9. Is flexible when changes to schedule or duties are necessary   |           |           |           |           |
| C10. Competently addresses any physical or medical needs including lifting, transferring, becoming familiar with adaptive equipment, if applicable |           |           |           |           |
| C11. Competently assists in bathroom with toileting needs, if applicable   |           |           |           |           |

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Overall Evaluation:** Based on the appraisal you have made on the previous factors, complete the following overall assessment of the employee’s job performance.

- Exceeds Expectations      Exceeds Expectations rating on most elements; no rating below Meets Expectations
- Meets Expectations      Meets Expectations rating on most elements; no more than one Needs Improvement rating
- Needs Improvement      Two or more Needs Improvement ratings; no Unsatisfactory rating
- Unsatisfactory      One or more elements rated Unsatisfactory

If a probationary employee, do you recommend that the employee’s employment be continued?  
(If no, please contact the Talent Development Office immediately.)

- Yes       No       N/A - Not a probationary employee

**Teacher Comments:** (Strengths, limitations, areas on which to focus, goals for the following year, etc.)

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Teacher's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Evaluator Comments:** (Strengths, limitations, areas on which to focus, goals for the following year, etc.)

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Evaluator's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Paraeducator Comments:**

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Paraeducator's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Paraeducator: Your signature confirms that you have seen this report and discussed it with your supervisor. It does not indicate your agreement with or acceptance of the evaluation.

**Return original to the Talent Development Office. Keep a copy of any evaluation containing an overall rating of "Needs Improvement" or "Unsatisfactory" in order to complete a follow-up evaluation.**