**BRIDGEWATER-RAYNHAM REGIONAL SCHOOL DISTRICT**

**PERFORMANCE EVALUATION TOOL**

**PARAPROFESSIONAL UNIT**

|  |  |
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| NAME: | EVALUATOR: |
| SCHOOL: | DATE: |
| EVALUATION PERIOD (SCHOOL YEAR) |  |

 **RUBRIC FOR EVALUATION RATING**

|  |  |
| --- | --- |
| EXEMPLARY  | RATING OF 3 |
| PROFICIENT  | RATING OF 2 |
| NEEDS IMPROVEMENT  | RATING OF 1 |
| N/A  | NOT APPLICABLE |
| PLEASE NOTE: ANY RATING OF “1” SHOULD BE ACCOMPANIED BY EVIDENCE/COMMENT |

|  |  |  |
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| **JOB PERFORMANCE** | **DEC** | **MAY** |
| Work completed meets expectations and performance responsibilities |  3 2 1 N/A |   3 2 1 N/A |
| Carries out all assigned tasks |   3 2 1 N/A |   3 2 1 N/A |
| Follows school and classroom Procedures |   3 2 1 N/A |   3 2 1 N/A |
| Adheres to classroom techniques, procedures and schedules consistent with teacher expectations |   3 2 1 N/A |   3 2 1 N/A |
| Comments:  |
| **INTERPERSONAL RELATIONSHIPS** | **DEC** | **MAY** |
| Relates positively with students and staff |   3 2 1 N/A |   3 2 1 N/A |
| Reflects on practice and responds appropriately to suggestions |   3 2 1 N/A |   3 2 1 N/A |
| Handles and resolves conflicts well |   3 2 1 N/A |   3 2 1 N/A |
| Demonstrates constructive communication strategies |   3 2 1 N/A |   3 2 1 N/A |
| Comments: |

|  |  |  |
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| **PROFESSIONAL RESPONSIBILITIES** | **DEC** | **MAY** |
| Takes initiative where appropriate  |   3 2 1 N/A |   3 2 1 N/A |
| Performs tasks without supervision |   3 2 1 N/A |   3 2 1 N/A |
| Reports to work and to assigned responsibilities on time |   3 2 1 N/A |   3 2 1 N/A |
| Demonstrates discretion and practices confidentially |   3 2 1 N/A |   3 2 1 N/A |
| Comments: |
| **December** Commendations:Suggestions for continued growth:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature of Employee Date Signature of Evaluator Date |

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| **May**Commendations:Suggestions for continue growth:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature of Employee Date Signature of Evaluator Date |

HR: 05.14.2015