## WELLESLEY PUBLIC SCHOOLS PERFORMANCE EVALUATION TOOL TEACHING ASSISTANTS & PARAPROFESSIONALS

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

This form is intended to record the evaluator's assessment of the above-named individual's job performance as a Teaching Assistant or Paraprofessional during the school year shown. The purpose of the evaluation is to recognize the individual's proficient or exemplary performance and to increase performance that is unsatisfactory or needs improvement.

This form is to be completed and signed by the evaluator and provided to Teaching Assistants or Paraprofessionals no later than:

- May 15<sup>th</sup> for employees with ten (10) or more continuous years of service with Wellesley Public Schools
- June 15th for employees with less than ten (10) continuous years of service with Wellesley Public Schools

## RUBRIC FOR EVALUATION RATING

| EXEMPLARY (Surpasses the qualities and behavior described)                                      | RATING OF "E"  |  |  |  |  |
|---|----------------|--|--|--|--|
| PROFICIENT (Meets satisfactory level of performance)  | RATING OF "P"  |  |  |  |  |
| NEEDS IMPROVEMENT (Significant improvement is required to meet acceptable level of performance) | RATING OF "NI" |  |  |  |  |
| UNSATISFACTORY (Not adequately demonstrating the qualities and behavior described)              | RATING OF "U"  |  |  |  |  |
| NOT APPLICABLE  | "N/A"          |  |  |  |  |
| PLEASE NOTE: ANY RATING OF "NI" OR "U" SHOULD BE ACCOMPANIED BY EVIDENCE OR COMMENT             |                |  |  |  |  |

| JOB PERFORMANCE   |   | MAY |   |   |     |  |
|---|---|-----|---|---|-----|--|
| Displays interest and enthusiasm in work                                  | U | NI  | P | E | N/A |  |
| Accurately collects data and maintains record keeping, if applicable      | U | NI  | P | E | N/A |  |
| Accepts and carries out assignments willingly and diligently              | U | NI  | P | E | N/A |  |
| Demonstrates flexibility and adjusts to change                            | U | NI  | P | E | N/A |  |
| Demonstrates awareness and adherence of basic classroom / school routines | U | NI  | P | Е | N/A |  |
| Is successful in the reinforcement of skills                              | U | NI  | P | Е | N/A |  |
| Follows through on directions and uses work time productively             | U | NI  | P | E | N/A |  |

**EVIDENCE OR COMMENTS:** 

| INTERPERSONAL RELATIONSHIPS WITH STUDENTS AND STAFF  |   | MAY |   |   |     |  |  |
|--|---|-----|---|---|-----|--|--|
| Relates appropriately with students and staff  | U | NI  | P | E | N/A |  |  |
| Respects and is responsive to individual differences   | U | NI  | P | E | N/A |  |  |
| Helps students to communicate in a positive manner and encourages student's effort and participation | U | NI  | P | E | N/A |  |  |
| Works well with groups or individual students and adapts approaches to individual learning styles    | U | NI  | P | E | N/A |  |  |
| Reflects on practice and responds appropriately to suggestions                                       | U | NI  | P | E | N/A |  |  |
| Is considerate of others and communicates effectively  | U | NI  | P | E | N/A |  |  |
| Brings concerns / issues through proper chain of command   | U | NI  | P | E | N/A |  |  |
| EVIDENCE OR COMMENTS:  | 1 | ı   | I | I |     |  |  |

| <b>EVIDENCE OR COMMENTS:</b> |
|------------------------------|
|------------------------------|

| PROFESSIONAL RESPONSIBILITIES   |   | MAY |   |   |     |  |
|---|---|-----|---|---|-----|--|
| Maintains regular attendance, is punctual and follows procedures for reporting absences.        | U | NI  | P | E | N/A |  |
| Demonstrates initiative and resourcefulness   | U | NI  | P | E | N/A |  |
| Displays concern for students' health and safety  | U | NI  | P | E | N/A |  |
| Demonstrates discretion, confidentiality and ethical behavior                                   | U | NI  | P | E | N/A |  |
| Uses technology and devices appropriately and according to the district's acceptable use policy | U | NI  | P | E | N/A |  |
| EVIDENCE OR COMMENTS:   |   |     |   |   |     |  |
|   |   |     |   |   |     |  |
|   |   |     |   |   |     |  |
|   |   |     |   |   |     |  |

## Non-renewal: \_\_\_\_\_ **Renewal:** \_\_\_\_\_ May Commendations: Suggestions for continued growth: Signature of Employee Signature of Evaluator Date Date **Employee response:**

**Recommended for:** 

Revised 6-25-2018