Paraeducator Evaluation

Name:	

Date:\_\_\_\_\_

Performance Expectations for all Paraeducators:

\_\_\_\_\_

Proficient - Developing - Needs Improvement	
Proficient - Developing - Needs Improvement	
Proficient - Developing - Needs Improvement	
Proficient - Developing - Needs Improvement	
Proficient - Developing - Needs Improvement	
Proficient - Developing - Needs Improvement	
Proficient - Developing - Needs Improvement	
Proficient - Developing - Needs Improvement	
Proficient - Developing - Needs Improvement	

Comments:

"I have read this report (or report has been read to me) and I have discussed it with my supervisor"

Evaluator

Employee

Date

Employee Name	Location
Supervising Teacher	Date

## SUPERVISING TEACHER'S REPORT OF CIRCUMSTANCES REQUIRING CORRECTIVE ACTION

1. Nature of the problem/situation that needs correction: (check all that apply)

Attendance/Punctuality	Unprofessional Conduct
Actively engaged &/or following instructions	Documentation
Confidentiality	Noncompliant with Policies and Procedure
Communication Skills	Other-Specify

2. If the employee has previously been counseled or disciplined, especially concerning similar matters, attach copies of the prior record of action taken. If these actions were not documented, describe here what the actions were, the dates or approximate dates that the incident(s)/situation(s) occurred, and any other pertinent facts.

3. What comments were given by the employee to explain his/her viewpoint on the problem/situation described above?

4. Describe clearly and objectively what the employee needs to do to improve. (The employee's job description should also be reviewed with the employee.

Measurable Goal:

Training Needed:

Timeframe:

Review Date:

The purpose of this document is to identify performance deficiencies and to provide a clear, concise mechanism for improving performance. Every effort will be made to provide training and support necessary for the successful completion of this Performance Improvement Plan. Failure to meet expectations above may result in termination of employment. We agree to work together on the items identified in this Performance Improvement Plan and to make every effort to reach the goals and expectations defined.

I have reviewed this form with the employee and he/she understands this form will become part of his/her personnel file.

Signature of Supervisor \_\_\_\_\_ Date: \_\_\_\_\_

I have read and understand this corrective action form and understand what will result from further violations of district policy or poor job performance.

Signature of Employee: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Keystone Administrator\_\_\_\_\_ Date\_\_\_\_\_