

Cape Elizabeth School Department Evaluation Form – Support Staff

The Purpose of Evaluation

The Board recognizes that thorough, regular appraisal of support staff performance is critical to the realization of district goals. The primary purpose of personnel evaluation is the growth of individual staff members, the strengthening of the school staff as a whole, and improvement of support services provided. Board Policy GDO - Support Staff Evaluation

The Process

Support staff shall be evaluated by direct supervisors using this documented process.

1. Within the first 30 school days the supervisor and support person will review the Evaluation Tool together.
2. Prior to the February break the supervisor and support person will review the completed Evaluation Tool together.
3. The final yearly appraisal will be completed by the supervisor and reviewed with the support person by May 15 of the school year.
4. The completed, signed forms will be provided to the building principal, and the central office supervisor by May 25 of the school year.
5. Completed evaluation forms will be placed in the personnel file.

The Tool

Employee Name: _____
Position: _____
Evaluator: _____

Rating Scale		
1 Meets	2 Does Not Meet (narrative feedback required)	NA Not Applicable

	Rating by February Break	Final Rating by May 15
Uses time efficiently		
<i>Feedback:</i>		

Employee Name: _____ Evaluator: _____

Rating by February Break

Final Rating by May 15

Exhibits good judgment		
<i>Feedback:</i>		
Predicts and avoids potential problems		
<i>Feedback:</i>		
Organizes work efficiently		
<i>Feedback:</i>		
Follows prescribed work procedures		
<i>Feedback:</i>		
Demonstrates openness to new ideas		
<i>Feedback:</i>		
Maintains poise and composure in difficult situations		
<i>Feedback:</i>		
Demonstrates punctuality		

Employee Name: _____ Evaluator: _____

Rating by February Break

Final Rating by May 15

<i>Feedback:</i>		
Uses safe work practices		
<i>Feedback:</i>		
Maintains confidentiality		
<i>Feedback:</i>		
Shows initiative when tasks need to be done		
<i>Feedback:</i>		
Operates in a courteous and tactful manner		
<i>Feedback:</i>		
Abides by work rules and regulations		
<i>Feedback:</i>		
Accepts constructive criticism		
<i>Feedback:</i>		

Employee Name: _____ Evaluator: _____

Rating by February Break

Final Rating by May 15

Demonstrates flexibility and cooperation		
<i>Feedback:</i>		
Works as part of a team		
<i>Feedback:</i>		
Maintains open communication		
<i>Feedback:</i>		
Maintains effective and professional relationships with students		
<i>Feedback:</i>		
Follows procedures, rules and policies		
<i>Feedback:</i>		

Supervisor Signature _____ Date _____

Employee Signature _____ Date _____

Signature indicates completion of the process, but not necessarily agreement.