EVALUATION OF STAFF

STAFF NAME:_____

EVALUATOR'S NAME:_____

SPECIFIC JOB RESPONSIBILITIES:_____

_____

ANY UNUSUAL ASSIGNMENTS, EXTRA WORK OR RESPONSIBILITIES PERFORMED:___

PLEASE RATE ACCORDING TO THE FOLLOWING:

1. Excellent 2. Good 3. Needs Improvement 4. Serious Weakness, Must Improve

I. PERSONAL QUALITIES

A. Exhibits continued professional growth	1	2	3	4
B. Exhibits initiative, enthusiasm and problem solving ability	1	2	3	4
C. Dresses appropriately	1	2	3	4
D. Accepts criticism and changes performance accordingly	1	2	3	4
E. Observes professional ethics	1	2	3	4
F. Is reliable	1	2	3	4
G. Is self-assured	1	2	3	4
H. Exhibits self-control	1	2	3	4
I. Is sensitive to people's needs	1	2	3	4
J. Is self-motivated	1	2	3	4
K. Uses sound judgment	1	2	3	4
L. Is flexible	1	2	3	4

II. RELATIONSHIPS WITH CHILDREN, STAFF AND PARENTS

A. Relates to people in a positive and sensitive manner	1	2	3	4
B. Contributes constructively to committees and staff meetings	1	2	3	4
C. Cooperates with and supports co-workers	1	2	3	4
D. Respects individual differences in children, staff and parents	1	2	3	4
E. Communicates effectively	1	2	3	4
F. Exhibits respect for personal property	1	2	3	4
G. Is a positive role model	1	2	3	4

III. CLASSROOM EFFECTIVENESS

A. Prepares an inviting, stimulating environment	1	2	3	4
B. Establishes realistic goals for children.	1	2	3	4
C. Plans yearly, monthly, weekly, and daily activities	1	2	3	4
D. Creates a warm, accepting, child-centered environment	1	2	3	4
E. Expects children to participate in maintaining classroom order	1	2	3	4
F. Uses appropriate discipline techniques.	1	2	3	4
G. Identifies and corrects health and safety hazards	1	2	3	4

GOALS: _____

I have read this evaluation and my comments, if any, are written on the remaining portion of this page.

_____

Employee's signature Date

_____

Evaluator's signature Date