Teaching Assistant

Performance Evaluation Form

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name of Employee:** | | | | **Position:** | | | | |
| **Hire Date:** | | | | **Supervisor:** | | | | |
| **Evaluation Period:** | | | | | | | | |
| **#** | **Category** | **Outstanding** | **Good** | | | **Acceptable** | **Needs Improvement** | **Comments** |
| **1** | Knowledge of content |  |  | | |  |  |  |
| **2** | Use of instructional time |  |  | | |  |  |  |
| **3** | Implements instructional lesson plans |  |  | | |  |  |  |
| **4** | Reinforces student expectations for learning |  |  | | |  |  |  |
| **5** | Reinforces student expectations for behavior |  |  | | |  |  |  |
| **6** | Use of instructional techniques to meet the needs of students |  |  | | |  |  |  |
| **7** | Interacts well with students |  |  | | |  |  |  |
| **8** | Demonstrates punctuality |  |  | | |  |  |  |
| **9** | Practices regular attendance |  |  | | |  |  |  |
| **10** | Is dependable |  |  | | |  |  |  |
| **11** | Accepts constructive criticism |  |  | | |  |  |  |
| **12** | Familiar with rules, regulations, guidelines/policies, etc. |  |  | | |  |  |  |
| **13** | Record keeping |  |  | | |  |  |  |
| **14** | Supports student involvement |  |  | | |  |  |  |
| **15** | Fosters student independence |  |  | | |  |  |  |
| **16** | Ability to interact well with colleagues |  |  | | |  |  |  |
| **17** | Effective time management skills |  |  | | |  |  |  |
| **All things considered, how do you rate this employee in relation to job performance and value to the school system?** | | | | | | | | |
|  | | | | | | | | |
| **Major area(s) requiring performance improvement:** | | | | | | | | |
| **Action plan for improvement:** | | | | | | | | |
| **Completion Date:** | | | | | | | | |
| **Supervisor Comments:** | | | | | | | | |
| **Employee Comments:** | | | | | | | | |
| **The required conference was held on:** | | | | | | | | |
| **Employee’s Signature:** | | | | | **Date:** | | | |
| **Supervisor’s Signature:** | | | | | **Date:** | | | |
| **Human Resource’s Director Signature:** | | | | | **Date:** | | | |
| **Note:**  **The employee’s signature does not signify agreement with this evaluation, but only that it has been reviewed and discussed with the employee. The employee may make any comments desired in the employee comments section. Additional sheets, if necessary, may be attached and made an official part of the review. All comments must be attached to the review prior to the document being passed to the next level of management for review.** | | | | | | | | |