

Shoreline School District

Shoreline Educational Support Professional Evaluation Form

Employee: _____ Date of Conference: _____

Assignment: _____ Work site: _____

Evaluation Type Annual Probationary Other

Evaluation Period: From: _____ To: _____

Performance evaluation is based on the criteria listed below:	Meets or Exceeds Expectations	Needs Improvement*
1 Displays knowledge of work in specialized field.		
2 Meets assigned job responsibilities with accuracy and/or thoroughness.		
3 Adapts to new and changing conditions.		
4 Recognizes needs and makes appropriate decisions.		
5 Maintains good working relationships with staff.		
6 Assists pupils, staff, and the public appropriately.		
7 Plans and organizes work efficiently.		
8 Communicates effectively.		
9 Maintains good attendance and is punctual.		

Evaluator's Summary Statement (required):

Employee's Comments or Reactions to the Evaluation (optional):

Administrator's Signature: _____ Date: _____

Employee's Signature: _____ Date: _____

Signatures indicate that the employee has read and discussed this evaluation with the evaluating administrator.

*Specific supporting statement is required when "needs improvement" has been marked.

Please send original, signed evaluation to Human Resources.