

Emery County School District
Support Staff Employee Evaluation – Educational Assistant – Speech and Hearing

Employee _____
 School _____ Evaluation Date _____

1 = Not Effective*

2 = Effective

3 = Highly Effective

*Comment Required

•WORKPLACE SKILLS (Indicators not applicable should not be marked)

Observes work hours/attendance	1	2	3
Keeps appropriate and accurate records as directed	1	2	3
Has knowledge of the work expectations and performs the duties of the job	1	2	3
Carries out treatment plans as prescribed by the Speech Pathologist	1	2	3
Assists with implementation of interventions as needed including an IEP, as required	1	2	3
Displays knowledge of a variety of disorders and appropriate strategies	1	2	3
Uses activities that are student-centered and developmentally appropriate	1	2	3
Uses materials and resources effectively	1	2	3

•INTERPERSONAL SKILLS

Practices positive public and staff relations – works well with administration, coworkers school staff and students, as well as community members	1	2	3
Able to communicate effectively, verbally and in writing	1	2	3
Appropriate personal appearance and grooming	1	2	3
Is enthusiastic, positive and encouraging	1	2	3
Shows initiative	1	2	3
Is an effective team worker	1	2	3
Uses appropriate language and tone when speaking to others	1	2	3

•ADAPTABILITY

Is open to alternatives and suggestions – is flexible	1	2	3
Maintains composure in stressful situations	1	2	3
Demonstrates good judgment/makes reasonable decisions	1	2	3

PROFESSIONAL RESPONSIBILITIES

Keeps informed and adheres to policies and regulations applicable to the position	1	2	3
Willingly shares ideas and expertise with colleagues	1	2	3
Handles confidential/sensitive information appropriately	1	2	3
Performs other job related duties as assigned by the Speech Pathologist or principal	1	2	3
Promptly and effectively responds to concerns and complaints	1	2	3
Supports school and district goals and policies	1	2	3

OVERALL ANNUAL RATING (Summative) 1 2 3

(While the summative rating is based on an overall summary of all standards, a rating of 1 in any standard could result in an employee being placed on probation for improvement. If satisfactory improvement is not made within the specified time period, non-renewal or termination could result)

Self Improvement Goal for Next Year _____

*Evaluator Comments: (Required for #1 ratings)

This evaluation represents my best judgment of the employee’s performance. I hereby recommend:

- ____ Employee be retained as a Provisional Employee (Policy GDA)
- ____ Employee be retained as a Career Employee (Policy GDA)
- ____ Employee be retained as an At-Will or Temporary Employee (Policy GDA)
- ____ Employee be put on probation
- ____ Employee be terminated or non-renewed

Signature of Principal/Supervisor/Designee _____ Date _____

This evaluation has been discussed with me and I have received a copy.

Signature of Employee _____ Date _____
(Employee’s signature does not necessarily imply agreement or approval of the evaluation results)

Employee Comment: (Please indicate what you feel your supervisor can do to help you improve in your job performance – use another sheet if necessary)