**Cortland Enlarged City School District**

**Teaching Assistant Evaluation Form**

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| Name of Employee: |       | Non-Tenure | [ ]  |
| Location: |       | Tenure | [ ]  |

The following areas will be taken into consideration when completing this evaluation: Safety, Initiative, Growth, Dependability, Attendance, Capability, Efficiency, Productivity, Property Care, Appearance, Reliability, Attitude, Stability, and Integrity.

Ratings: 2 – Meets Expectations 1 – Needs Improvement

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| Category | **2** | **1** | **Not Observed** |
| Works effectively with individual students or groups of students on instructional projects. | [ ]  | [ ]  | [ ]  |
| Provides the teacher with information about students to assist the teacher in the development of appropriate learning experiences. | [ ]  | [ ]  | [ ]  |
| Helps students to appropriately use available instructional resources. | [ ]  | [ ]  | [ ]  |
| Assists in the development of instructional materials. | [ ]  | [ ]  | [ ]  |
| Uses special skills and abilities to support instructional programs (computer skills, artistic abilities, etc). | [ ]  | [ ]  | [ ]  |
| Helps in related instructional work, such as presenting segments of lesson plans as directed by the teacher. | [ ]  | [ ]  | [ ]  |
| Performs duties as assigned in a responsible and capable manner. | [ ]  | [ ]  | [ ]  |
| Maintains confidentiality in all venues. | [ ]  | [ ]  | [ ]  |

Note: This evaluation form may be used for formal, informal, or summative evaluations.

Supervisor/Administrator Comments: If there are any comments you care to make, or any special areas of consideration regarding this employee, please indicate below:

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| The required conference was held on |  |

Employee Comments:

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| *Signature of Supervisor/Administrator* |  | *Date* |

I have reviewed this report with the appropriate supervisor, or administrator, and have been given the opportunity to express my views regarding this evaluation of my performance. My signature does not necessarily mean that I agree to or accept the contents of this report.

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|  |  |  |
| *Signature of Employee* |  | *Date* |

Distribution: Personnel

 Employee

 Supervisor/Administrator