**City School District** 

## Human Resources Department Performance Appraisal for Paraprofessionals

Rochester, NY

Status: D P

**Probationary:** first evaluation *no later than 12th week of employment* 

**Probationary:** final evaluation no later than 60th day prior to end of 1 year

Annual: on permanent employment status *evaluation due by April* 15

Name:	Location:						
Type of Assignment:	Evaluation period from:	to					

## WORK PERFORMANCE RATINGS

Satisfactory			Unsatisfactory				
5	4	3		2	1	0	
Well above average	Somewhat above average	Average		Somewhat below average	Well below average	Unacceptable work	
outstanding in this group	better than most	-		not quite up to par	needs much improvement	performance	

## WORK PERFORMANCE FACTORS

Performance Factors	Factors Explanation		Satisfactory			Unsatisfactory			
Note: Rate only those factors which apply to position being appraised		5	4	3		2	1	0	
Quality of Work	Accuracy, thoroughness; completed work shows care and good judgment in its preparation.								
Quantity of Work	Meets schedules and accomplishes assigned responsibilities.								
Work Habits	Dependability; receptive to supervision; willing worker, follows procedures.								
Job Attitude	Interest; enthusiasm; willingness to accept responsibility; cooperates with staff.								
Job Knowledge	Understanding of principles, methods or processes; comprehends easily.								
Ability to Learn	Learns and retains new ideas and methods; uses initiative; reaches sound and logical conclusions.								
Relationships With People	Tactful in dealing with students, staff, and public. Ability to communicate with others; accepts constructive criticism; relates well to supervisor and staff.								
Attendance	Reports to work as assigned.								
Punctuality	Arrives on time; observes appropriate breaks and work schedules.								

**GENERAL COMMENTS** please be specific, constructive and objective.

Areas of strength:

Areas in need of improvement:

Additional comments, including evidence of professional growth.

For probationary paraprofessionals:

If performance is *unsatisfactory*, please indicate recommendation by checking A. or B. below.

A. Continue for 2nd portion of probationary period For Probationary First Evaluation of 12 weeks only

B. Termination

The appraisal form must be signed by both parties. Please note that the employee's signature signifies only that the form has been read. The employee shall have the right to submit written comments and attach it to the file copy of this appraisal. The appraiser is required to discuss the completed appraisal during a personal conference with the employee.

Signature of Administrator		_Date
Signature of Paraprofessional	Position	_Date