**Teacher Assistant/Ed Tech**

**Performance Appraisal**

**Date:**   **Employee Name:** ****

**Position Title:** 

 **Supervisor Name:**  **Date of Hire**: 

**Type of Evaluation (check all that apply)**

[ ]  **Annual**

[ ]  **New Assignment/Position**

[ ]  **Staff Member is on a Performance Plan**

Needs Development **(ND)** Did not meet performance criteria in at least one aspect of a

particular key Pillar or performance indicator. \**As evidenced by an active Performance Improvement Plan.*

Meets Standards **(MS)** Meets performance criteria in all aspects of a particular key

Pillar or performance indicator

Progressing **(PR)**,

Does not yet meet standards due to being new to the agency, role or skill but is satisfactorily progressing. This should only be used after consulting with the Child Development Director or/ Human Resource Manager

Exceeds Standards **(ES)** Consistently meets expectations in all aspects of a particular key

Pillar or performance indicator, and consistently exceeds expectations in the areas as evidenced by at least two individual and specific examples of exceeding expectations in the evaluation period. \* *This rating requires a minimum of two specific examples in “Comments” Section.*

**Attendance**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Days Missed** **(Jan 1- Dec 31FY)** **(July 1-Jun 30 PY)**(Unplanned/Unexcused) | **Exceeds** [ ]  1 day or less missed | **Meets** [ ] 3 days or less missed | **Area of Concern** [ ] (4-6 days missed) | **Needs** [ ] **Development**(More than 6 days missed) |

**Performance**

|  |
| --- |
| **Agency Pillars:** **Health & Safety**: Follows health and safety policies to support a safe work environment for employees as well as a healthy environment for children and their families. Knowledge of child abuse and neglect policies and procedures. Supports families by giving resources related to health services. Collaborates with families to meet the health requirements for Head Start.**Consistency:** Follows established systems and routines in place that ensure consistency in programming across classrooms/sites. Responds in a similar manner to like situations to create an environment of predictability for families, children, and other staff members. Reports to work within attendance policy, works a regular schedule, always displays professionalism, and participates in all Agency training events.**Best Practice:** Employs best practice, which is a method or technique that has been generally accepted as superior to any alternatives because it produces results that are superior to those achieved by other means. It has become a standard way of doing things related to relevant content areas or areas of work. |
|  | **Exceeds Standards** | **Meets Standards** | **Progressing** | **Needs Development** |
| **Follows established Health and Safety Policies**  |[ ] [ ] [ ] [ ]
| **Maintains Consistency**  |[ ] [ ] [ ] [ ]
| **Follows Best Practices**  |[ ] [ ] [ ] [ ]
|  |  |  |  |  |
| **Teamwork**- Builds and maintains positive relationships with co-workers. Active participation & contributing to organizational goals. Includes mentoring new hires to become valued long-term employees, exhibiting a positive outlook and attitude, being creative problem solver. |[ ] [ ]  [ ]  |[ ]
| **Communication-**Speaks clearly and respectfully. Active listener. Communicates in an effective and timely manner. Conveys accurate information when speaking or writing. |[ ] [ ]  [ ]  |[ ]
| **Time Management-** Uses time wisely to complete tasks, meets deadlines, able to prioritize.  |[ ] [ ]  [ ]  |[ ]
| **Interactions with Children-**Actively engages in conversations with children that are respectful and personal. Provides individualized support for children and scaffolds learning. Engages in feedback loops and promotes child-initiated language. Provides language modeling and concept development opportunities. |[ ] [ ]  [ ]  |[ ]
| **Curriculum-** Assist with planning and preparing materials, going to the Share Center as needed. Offers activities of varying complexities, facilitates small and large group activities and supports child directed learning. Responsible for the lending library/book orders (as appropriates) and bulletin boards. |[ ] [ ]  [ ]  |[ ]

**Overall Evaluation**

**(This is calculated by which category has the majority of rankings)**

|  |
| --- |
|  **\_\_\_\_\_ Needs Development (ND)** |
|  **\_\_\_\_\_Meets Expectations (ME/Progressing(PR))** |
| **\_\_\_\_\_ Exceeds Standards (ES)** |

|  |  |  |  |
| --- | --- | --- | --- |
| **Listed below do not compute in Overall Evaluation listed above but may be considered in ongoing improvement and/or PIP** | **MeetsStandards** | **Needs Development** | **NA** |
| **Punctuality- not late/leave early more than 3 times total** |[ ] [ ]   |
| **Personal appearance (adheres to policies)** |[ ] [ ]   |
| **Courtesy/Respect (staff, parents, teachers and visitors)** |[ ] [ ]   |
| **Maintains required certifications/credentials,**  |[ ] [ ] [ ]
| **Confidentiality (maintains confidentiality- not sharing confidential information with other staff and outside of agency)** |[ ] [ ]   |
| **Recruitment hours complete (Recruitment hours total\_\_\_\_\_\_\_)**  |[ ] [ ] [ ]
| **Knowledgeable about community resources and/or knows where to seek information,**  |[ ] [ ] [ ]

|  |
| --- |
|  **Previous Year Goal Progress****Goal 1: Previous Year: Goal Met: ☐Yes** **☐No ☐NA****Goal Summary:****Goal 2: Previous Year: Goal Met: ☐Yes ☐No ☐NA****Goal Summary:****Goal 3: Previous Year: Goal Met: ☐Yes ☐No ☐NA****Goal Summary:****Employee Comments:**  |

**SUMMARY REVIEW**

 **In reviewing the overall performance of the employee, summarize their greatest strengths and accomplishments over the previous year as well as items to work on for the next year**

**Accomplishments and greatest strengths (give, at minimum, 2 concrete examples)**

**Tasks/Areas to work on** (not listed in goals):

**Professional Development Goal(s):** (List all professional development goals for the next calendar year)

**Annual Training Plan**

|  |  |  |  |
| --- | --- | --- | --- |
| **Required Trainings** | **Hours** | **Target Completion Date** | **Actual Completion Date** |
| Behavior Management Training (annual) | 2 |       |       |
| Mandated Reporting (annual) | 1.5 |       |       |
| Sexual Harassment (annual) | .5 |       |       |
| Licensing Guidelines (annual) | 2 |       |       |
| Blood Born Pathogens (annual) | .5 |       |       |
| MRTQ Health & Safety Renewal (annual) | 2 |       |       |
| ERSEA (annual) | .5 |       |       |
| MED 101 (annual) | 1 |       |       |
| Inservice- (4 per year) | 10 |       |       |
| Bed Bugs (annual) | .5 |       |       |
| Estimated Total | 20.5 hours |  |  |
|  |  |  |  |
| CPR/First Aid (bi-annual)  | 8 |       |       |
| Estimated Total w/CPR  | 28.5 hours |       |       |
|  |  |  |  |
| **Additional Trainings:** |  |  |  |
| [ ] NEW CLASSROOM STAFF (1st 2 years)New Teacher/TA Training Plan  | See attached plan |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
| **Professional Development Goals Related Trainings** |  |  |  |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
| **Sub Total** |       |       |       |
| **Grand Total** |       |       |       |

**☐I understand my job responsibilities performance expectations, and the terms and conditions under which I am expected to work.**

 **I,☐(Do) Concur with my supervisor’s evaluation. ☐Do Not) Concur with my supervisor’s evaluation.**

**Employee Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Supervisor Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Manager/Director Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Executive Director Initials: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**