

Performance Appraisal for Paraprofessionals

Name:	Location:	
Assignment:	Evaluation period from	to

Work Performance Ratings

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

Work Performance Factors

Performance Factors	Explanation	Explanation Satisfactory		Unsatisfactory			
Note: Rate only those factor	s 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. Number of absences:						
Punctuality	Arrives on time; observes appropriate breaks and work schedules.						

Areas of Strength:

Areas in Need of Improvement:

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: ______Date: _____Date: ______Date: _____Date: _____Date: _____Date: ______Date: _____Date: ______Date: ______Date: _____Date: _____Date: ______Date: _____Date: _____Date: _____Date: ______Date: _______Date: _______Date: ______Date: ______Date: _______Date: ______Date: ________Date: _______Date: _______Date: __