

Warren County Special Services School District
1500 Route 57, Suite 1
Washington, NJ 07882
Tel. 908-835-1004 Fax 908-835-1042

TEACHER ASSISTANT EVALUATION

NAME: _____ DATE OF EVALUATION ____/____/____

ASSIGNMENT: _____

ATTENDANCE: Profile _____ School Year: 200____ - 200____

ABSENCES:

Illness____ Illness in Family____ Personal____ Bereavement____ Without pay____

EVALUATION KEY:

1 – unsatisfactory 2 – needs improvement 3 – satisfactory 4 – very good 5 – excellent

PERSONAL ATTRIBUTES:

1.	Pride in performance	
2.	Commitment to student (s)	
3.	Dependability	
4.	Adaptability/Ability to meet changing needs	
5.	Cooperation	
6.	Enthusiasm/Energy	
7.	Versatility/Flexibility/Ability to serve in a variety of roles	
8.	Responsiveness to direction/Profits from suggestion	

COMMENTS:

PARA-PROFESSIONAL ATTRIBUTES:

1.	Understanding of student(s) needs and capabilities	
2.	Positive relationships with staff, student, parents, etc.	
3.	Understanding student expectations	
4.	Organization skills	

COMMENTS:

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PERFORMANCE OF TEACHER/PERSONAL ASSISTANT DUTIES:

1.	Skill at providing one-on-one instruction	
2.	Assists with group instruction	
3.	Assists with classroom materials	
4.	Manages student behavior	
5.	Assists student(s) with physical needs	
6.	Assists in maintaining well-organized classroom	
7.	Performs duties promptly and appropriately	

COMMENTS:

STRENGTHS/CONTRIBUTIONS:

RECOMMENDATIONS FOR IMPROVEMENT:

EMPLOYEE COMMENTS:

Employee's Signature

___/___/___
Date

Administrator's Signature

___/___/___
Date

The signature indicates that the staff member has read this report. It does not necessarily denote agreement with all the information contained within.