

**CLERK, RECORDS SPECIAL EDUCATION
Summative Appraisal Form**

Name _____

School Location _____

Appraisal Period: From _____ to _____

Date of Review _____

Directions

The following statements describe the employee who achieves success. Based on cumulative performance information, the evaluator estimates the employee's effectiveness in meeting each criterion. Rate each criterion using the scale below that most closely describes the employee's attainment of that criterion. For each domain, a comment area is provided for general statements and/or recommendations.

Rating Scale

- 5 Clearly Outstanding:** Performance is consistently far superior to what is normally expected.
- 4 Exceeds Expectations:** Performance demonstrates increased proficiency and is consistently above expectations.
- 3 Meets Expectations:** Performance meets expectations and presents no significant problems.
- 2 Below Expectations:** Performance is consistently below expectations and significant problems exist.
- 1 Unsatisfactory:** Performance is consistently unacceptable.
- 0 Not Applicable**

JOB PERFORMANCE STATEMENTS

File Management

- ____1. Maintains files for all special education students enrolled in the district.
- ____2. Process ARD/FIE documentation as submitted by assessment personnel which includes the producing of copies as necessary.
- ____3. Monitors access to special education student files.
- ____4. Maintains log of requests for records, retrieving documents, copying and mailing records.
- ____5. Assists with the purging of special education student records as scheduled.
- ____6. Assists in the promotion of positive community relations through effective email and phone communications with parents, teachers, administrators and other district personnel.

COMMENTS: _____

Other

____7. Maintains confidentiality of information at all times.

____8. Performs other duties as assigned by supervisor to include cross training as necessary.

COMMENTS: _____

What strengths does _____ possess?

What are some improvements _____ can make to ensure a higher degree of success for students on this campus/department?

Summative Conference Comments:

Recommendation of Evaluator: I have read and received a copy of this evaluation. I have reviewed this instrument.

- ____ Renewal and/or Extension of Assignment
- ____ Non-renewal of Assignment
- ____ Termination of Assignment
- ____ Non-extension of Assignment

Administrator (Print Name)

Date

Administrator (Signature)

Date

Employee's Signature

Date