

**ACADEMIC SUPPORT SPECIALIST  
Summative Appraisal Form**

Name \_\_\_\_\_

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**

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

**JOB PERFORMANCE STATEMENTS**

**Instructional Program and Management**

- \_\_\_\_\_ 1. Works closely with classroom teacher to determine the most effective strategies to support student learning; designs appropriate interventions for identified students in need; and shares student progress over the course of the year.
- \_\_\_\_\_ 2. Works collaboratively with the classroom teacher to plan daily instructional strategies that support student learning objectives.
- \_\_\_\_\_ 3. Works collaboratively with the classroom teacher to formally and informally assess student progress towards meeting academic standards.
- \_\_\_\_\_ 4. Assists teachers in the delivery of a strongly aligned curriculum by providing academic support to students through differentiated instructional strategies and small-group interventions.
- \_\_\_\_\_ 5. Monitors ongoing performance of students in reading, writing and mathematics.
- \_\_\_\_\_ 6. Monitors program effectiveness by gathering and analyzing student assessment data.
- \_\_\_\_\_ 7. Analyzes student data to identify and provide individualized support for students who are failing and/or are most at-risk of failing.

\_\_\_\_ 8. Implements lessons designed to meet the objectives for the subject matter.

\_\_\_\_ 9. Analyzes student data to identify individual student needs.

**COMMENTS:** \_\_\_\_\_

\_\_\_\_\_

#### **Policy, Reports and Law**

\_\_\_\_ 10. Adheres to and implements the policies established by both federal and state law, State Board of Education, and local policy.

**COMMENTS:** \_\_\_\_\_

\_\_\_\_\_

#### **Communication**

\_\_\_\_ 11. Communicates and coordinates with appropriate school staff to support students.

\_\_\_\_ 12. Participates in making decisions regarding student support and communicates them to campus personnel.

\_\_\_\_ 13. Attends meetings required; provides input to teachers/administration regarding student academic strength And weaknesses.

**COMMENTS:** \_\_\_\_\_

\_\_\_\_\_

#### **Professional Growth and Development**

\_\_\_\_ 14. Maintains professional competence through professional development. Attends and participates in Faculty meetings.

\_\_\_\_ 15. Performs duties in a professional, ethical and responsible manner as defined in District policy and in the Texas Code of Ethics for Educators.

**COMMENTS:** \_\_\_\_\_

\_\_\_\_\_

#### **Other**

\_\_\_\_ 16. Performs other duties as assigned.

\_\_\_\_ 17. Maintains confidentiality at all times.

**COMMENTS:** \_\_\_\_\_

\_\_\_\_\_

What strengths does \_\_\_\_\_ possess?

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

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Summative Conference Comments:

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**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's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date