

**ARD FACILITATOR  
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**

**General Duties**

- \_\_\_\_\_ 1. Schedules, or assists in scheduling, Admission, Review and Dismissal (ARD) meetings and notifies parents of the ARD meeting, including distributing of ARD calendar to appropriate ARD Committee members in a timely fashion; ensures that Individual Transition Plan elements are completed in the applicable cases; notifies all appropriate school personnel of ARD meeting/ARD schedule changes.
- \_\_\_\_\_ 2. Ensures that federal/state timelines are met with respect to functions of ARD Committee meetings: requests for additional assessments and required timelines set by ARD Committee.
- \_\_\_\_\_ 3. Monitors ARD paperwork completed by campus personnel; completes and submits completed ARD paperwork within 72 hours of the meeting.
- \_\_\_\_\_ 4. Completes required documentation and reports required by the special education department by due dates (e.g. transportation forms, extended service year (ESY) forms, October snapshot, etc).
- \_\_\_\_\_ 5. Maintains current state assessment rosters and submits referral sheet (additional testing, re-evaluation, etc.) including those for related services. Maintains communication between assessment personnel and related service providers.
- \_\_\_\_\_ 6. Maintains systematic communication between special and general education personnel with respect to ARD meetings and decisions, IEPs, student accommodations, and instructional concerns and progress.
- \_\_\_\_\_ 7. Completes appropriate ARD supplements and collects appropriate data (i.e., ESY regression,

individual educational plan (IEP), behavior improvement plan (BIP, etc).

- \_\_\_\_ 8. Follows end of year procedures and submits appropriate summer program student recommendations.
- \_\_\_\_ 9. Assists campus administrators in maintaining compliance with all federal, state and local policy as it applies to students with disabilities.
- \_\_\_\_ 10. Maintains thorough documentation regarding any significant concerns with ARD committee procedures.
- \_\_\_\_ 11. Attends special education department staff meetings and relevant staff development.
- \_\_\_\_ 12. Maintains positive relationships with school staff, parents, and community members.

**Other**

- \_\_\_\_ 13. Perform other duties as assigned by supervisor.

**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