

**SPECIAL EDUCATION AIDE (LIFE SKILLS)
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

- 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

Instructional Support

- _____ 1. Assists teachers in delivering instruction to students individually or in small groups focused on functional academics and life skills.
- _____ 2. Supports instruction in daily living skills, including personal hygiene, feeding, dressing, communication, mobility, vocational tasks, and community-based skills.
- _____ 3. Reinforces appropriate behaviors through modeling, prompting, and structured routines.
- _____ 4. Assists with lesson preparation and implementation of classroom activities aligned to IEP goals.
- _____ 5. Collects observational data and assists with maintaining student instructional records as directed by the teacher.
- _____ 6. Communicates student progress, concerns, or changes in needs to the teacher in a timely manner.

COMMENTS: _____

Personal Care Services (PCS)

- ____ 7. Assists students with physical needs, including lifting, transferring, positioning, and mobility using proper body mechanics.
- ____ 8. Provides personal care assistance such as toileting, diapering, feeding, grooming, and hygiene in a respectful and dignified manner.
- ____ 9. Demonstrates competency in assigned PCS tasks and participates in required competency verification by licensed health care providers.
- ____ 10. Maintains accurate documentation of PCS services delivered, including SHARS-related documentation as required.
- ____ 11. Applies safe techniques for assisting students with limited mobility or medical needs.

COMMENTS: _____

Health, Safety & Medical Support

- ____ 12. Under the supervision of licensed personnel, assists with routine health-related services for students with complex medical needs, which may include tube feeding, suctioning, medication administration, and use of specialized equipment.
- ____ 13. Maintains a clean, safe, and organized classroom environment.
- ____ 14. Monitors students during instructional and non-instructional activities to ensure safety at all times.
- ____ 15. Assists with emergency procedures, health and safety protocols, and disaster preparedness as required.

COMMENTS: _____

Student Supervision & Campus Support

- ____ 16. Escorts students throughout the campus, including to transportation, related services, and community-based instruction.
- ____ 17. Supervises students during lunch, recess, transitions, and arrival/dismissal.
- ____ 18. Accompanies students on instructional outings and community-based learning experiences.

COMMENTS: _____

Professional Responsibilities

- ____ 19. Maintains confidentiality of student information in accordance with district policies and legal requirements.
- ____ 20. Assists with preparation of instructional materials and classroom organization.
- ____ 21. Provides support to substitute teachers as assigned.
- ____ 22. Participates in required staff development, trainings, and meetings.
- ____ 23. Performs additional duties as assigned by the teacher, campus administration, or 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's (Signature)

Date

Employee's Signature

Date