

**CRITICAL NEEDS ASSISTANT (SPECIAL EDUCATION)  
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**

**Student Management**

- |          |   |
|----------|---|
| _____ 1. | Helps meet the individual needs of students, including transferring them to and from wheelchairs, lifting and positioning them, and signing or interpreting instructions for them, etc. |
| _____ 2. | Helps students take care of physical needs and personal care including feeding, bathroom needs, and personal hygiene.   |
| _____ 3. | Helps manage the behavior of assigned students.   |
| _____ 4. | Assumes responsibility for learning and adapting to each student's special medical, physical, communicative, and emotional needs.   |
| _____ 5. | Work with student(s) in small groups on instructional activities as assigned by teacher.  |
| _____ 6. | Assists assigned students throughout school day, inside and outside classroom. This includes lunchroom, bus, and playground duty.   |

- \_\_\_\_ 7. Keeps teacher informed of special needs or problems of assigned students.
- \_\_\_\_ 8. Implement and follow student Behavior Improvement Plan (BIP)

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

### PERSONAL CARE SERVICES

- \_\_\_\_ 9. Demonstrate the competence necessary to perform the eligible PCS tasks required by the student.
- \_\_\_\_ 10. Participate in competence verification by a licensed health care provider for PCS Activities.
- \_\_\_\_ 11. Understanding and competence to perform PCS services must include, but is not limited to: Appropriate techniques for providing PCS, including written documentation procedures for SHARS; Appropriate techniques for managing adverse behaviors of the student; Basic body mechanics, mobility and techniques for transferring students; Communication skills, including but not limited to techniques for communicating through alternative modes with persons with communication or sensory impairments; Any additional PCS required for a student with disabilities
- \_\_\_\_ 12. Compile, maintain, and submit reports, records, and other documents, as required, including but not limited to documentation of delivered IEP services as related to PCS

### OTHER

- \_\_\_\_ 13. Participates in professional development programs, faculty meetings, and special events as assigned.
- \_\_\_\_ 14. Perform other duties assigned by supervisor.
- \_\_\_\_ 15. Maintains confidentiality of information.
- \_\_\_\_ 16. Complete necessary behavior data tracking form.

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

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

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