

**AIDE, PARENTAL/SOCIAL SERVICES  
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.       Contacts parent regarding family profiles.  
  
              Assists the families of Head Start/Early Childhood Programs in the following manner
  - a.       Registers student and set up binder with student information
  - b.       Explains the services of the Head Start/Early Childhood Programs.
  - c.       Assists in the identification of home problems that may have a bearing on the individual student's accomplishments at school.
  - d.       Provide effective two-way communication on program services activities, policies and resources.
- \_\_\_\_ 2.       Provide parent Training monthly and keep appropriate documentation in terms of education, development, nutrition, health and disabilities.
- \_\_\_\_ 3.       Maintains a list of follow-up service needs and provides delivery of needed assistance.

- \_\_\_ 4. Provides information about available community service agencies.
- \_\_\_ 5. Monitors irregular attendance of children or those who have had three consecutive days of absence.
- \_\_\_ 6. Attends student referral meeting and keep appropriate documentation.
- \_\_\_ 7. Maintains a system that provides confidentiality of records.
- \_\_\_ 8. Cooperates with existing community resources to provide services to Head Start/Early Childhood families.
- \_\_\_ 9. Communicates with parents about community resources.
- \_\_\_ 10. Implements procedure to establish role of advocacy for Head Start/Early Childhood parents.
- \_\_\_ 11. Works with other components of the programs to fulfill the requirements of the standards.
- \_\_\_ 12. Assists in scheduling parent training based on parent interest/needs as identified by surveys.
- \_\_\_ 13. Assists in the identification of migrant families.
- \_\_\_ 14. Keeps a record of In keyed on parent volunteers/special events, and homework and maintain a binder.
- \_\_\_ 15. Keeps record of volunteer Parents.
- \_\_\_ 16. Provides transportation to parents when needed utilizing Head Start van.
- \_\_\_ 17. Conducts home visits on referrals and attendance twice a year and follow-up as needed.

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

**Other**

- \_\_\_ 18. Participates in staff development training programs to improve job performance.
- \_\_\_ 19. Participates in faculty meeting and special events as assigned.
- \_\_\_ 20. Performs other duties assigned by supervisor.
- \_\_\_ 21. Complies with Head Start standards, district policy and procedures.

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