COORDINATOR, SPECIAL REVENUE AND GRANTS

Summative Appraisal Form

Name		Location		
Appraisa	l Period: From	to Date of Review		
		Directions		
evaluato most clo	r estimates the employee'	the employee who achieves success. Based on cumulative performance information, seffectiveness in meeting each criterion. Rate each criterion using the scale below re's attainment of that criterion. For each domain, a comment area is provided for gents.	that	
		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		
Major F	Responsibilities and Duti	es-Grant Funds		
1.	Provides guidance and support to District in the fiscal operation of Special Revenue Grant funds.			
2.	2. Maintains communication with District responsible for Special Revenue Grant funded programs.			
3.	3. Reviews and monitors aspects of ESSER financial activity related to Special Revenue Grant funds to ensure compliance with federal/state guidelines and grant requirements.			
4.	Assists with the determination and documentation of staff allocations based on Special Revenue Grant Funding program objectives.			
5.	Assists in preparing fede	Assists in preparing federal/ state documentation within the timelines established by the TEA.		
6.	Assists in the maintenance of funding to ensure comparability.			
7.	Assists District personnel in the review and maintenance of data quality assurance.			
8.	Assists in the maintenance of comprehensive files on Special Revenue Grant funded programs and services for audit purposes.			
COMM	ENTS:		_	

Major R	esponsibilities and Duties-Special Populations Funds				
9.	Monitors and evaluates SHARS (School Health and Related Services) program to ensure compliance with regulations and guidelines.				
10.	 Submits bills and reimbursement documents to Medicaid on a regular basis for eligible special services provided by the district. 				
11.	Reconciles payments received from Medicaid on a regular basis for eligible special services provided by the district.				
12.	Compiles information, prepares and submits reports as needed and required, including those responsibilities elated to SHARS and Performance Based Monitoring.				
13.	Maintains the participant list for the SHARS and MAC programs.				
14.	Completes required training for RMTS, MAC, and SHARS.				
15.	Coordinates with the Accounting Department to complete and submit the quarterly certification of funds.				
16.	Acts as liaison between District and third-party administrator's program staff.				
COMMI	ENTS:				
Policies,	Reports and Law				
17.	Adheres to District policy and state guidelines in all areas of responsibility.				
18.	Assists in developing and administering procedures and policies related External Funding.				
COMME	ENTS:				
	nd Inventory				
19.	Assists in the review and maintenance of district ESSER funding budgets.				
COMMI	ENTS:				
Commur	nications and Community Relations				
20.	Develops a systematic process that responds to District inquiries.				
21.	Communicates funding guidelines to District personnel and the general public.				
COMME	ENTS:				
Professio	onal Growth and Development				
22.	Serves on job-related and other committees assigned and approved by supervisors.				
23.	Stays abreast with and ensures staff is informed of the latest research trends and developments in assigned areas of responsibility.				

24. Participates in professional developme	ant activities approved by supervisors.
COMMENTS:	
What strengths doesp	possess?
What are some improvements	can make to ensure a higher degree of success?
Summative Conference Comments:	
Decommendation of Evaluators I have read as	nd 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	
Non-extension of Assignment	
A.L. C.	
Administrator (Print Name)	Date
Administrator's Signature	Date
Employee's Signature	Date