



Unit 10 SCHOOL HEALTH AIDE EVALUATION REPORT

Employee Name: Click here to enter text.

Date: Click here to enter a date.

Building/Department: Click here to enter text.

Job Title: Click here to enter text.

Immediate Supervisor: Click here to enter text.

Length of Time in Present Position:

EVALUATION PURPOSES:

The purpose of this evaluation is to identify an employee's strengths and needs, as well as outline a program for improvement where indicated. Evaluations provide a history of development, progress and job performance.

INSTRUCTIONS:

The following traits, abilities and characteristics are important for effective performance. The evaluator shall check the appropriate box relative to the rating scale next to the descriptive phrase that most nearly describes the employee's performance. Any rating of one (1) or two (2) will require a written explanation by the evaluator (indicate on page 2 or attach to the evaluation).

WORK PERFORMANCE RUBRIC: Please utilize the rubric to complete the evaluation below.

| | |
|----------------------------------|--|
| (4) Exceeds Expectations: | Employee exceeds performance expectations. |
| (3) Meets Expectations: | Employee meets performance expectations. |
| (2) Improvement Needed: | Employee performance is inconsistent; improvement is needed. |
| (1) Below Expectations: | Employee does not meet performance expectations. |

EMPLOYEE EVALUATION:

- | 4 | 3 | 2 | 1 | |
|--------------------------|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1. Regularly demonstrates high quality work as well as high levels of productivity. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2. Demonstrates knowledge of job requirements and plans tasks appropriately. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3. Administers minor first aid and CPR services to pupils and school employees as necessary. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4. Assists in conducting mandated screenings. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5. Assists in preparing for routine physical examinations/screenings. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 6. Accurately maintains and updates pupil and employee medical records. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7. Logs in students to assist school nurse. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 8. Meets deadlines. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 9. Accepts direction/supervision. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 10. Takes initiative. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 11. Works collaboratively. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 12. Respects confidentiality. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 13. Portrays a positive image to parents and visitors. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 14. Works well with students. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 15. Works cooperatively with staff. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 16. Seeks training development opportunities. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 17. Performs duties in a safe manner |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 18. Adapts to changing situations/priorities. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 19. Uses SCSD equipment and tools correctly. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 20. Follows SCSD policies and procedures. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 21. Is punctual. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 22. Is regular in attendance. |

A. Areas of Strength:

B. Areas to Improve:

C. Additional Comments:

Appraisal Period From _____ To _____ Status Probationary Permanent
I hereby recommend continued employment: Yes No

If no, please explain:

The appraisal form must be signed by both parties. Please note that the employee's signature signifies only that the form has been read. The employee shall have the right to submit written comments and attach it to the file copy of this appraisal. The evaluator is required to discuss the completed appraisal during a personal conference with the employee.

Signature of Evaluator: _____

Date: _____

Signature of Employee: _____

Date: _____

Copies to:

Supervisor

Principal/Administrator

Employee

Personnel File