

**BOARD OF EDUCATION, DISTRICT 148
DOLTON, COOK COUNTY, ILLINOIS**

PARAPROFESSIONAL EVALUATION

NAME _____

SCHOOL _____

Evaluator _____

Date of Evaluation _____

Directions

Comments and suggestions for improvement are required for all categories checked in Column 1.

Legend

- 1. Needs improvement
- 2. Satisfactory
- 3. Exemplary

I. GENERAL ATTITUDE

	1	2	3
Appearance			
Punctuality			
Attendance			

Comments:

II. STUDENT MANAGEMENT

	1	2	3
Understanding of students.			
Handling of discipline.			
Ability to work with children as a group and/or as individuals.			

Comments:

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III. RELATIONSHIPS

	1	2	3
Rapport with other staff members.			
Rapport with teachers and administration.			
Responds to suggestions and constructive criticism.			

Comments:

IV. EFFECTIVENESS

	1	2	3
Willingness to accept responsibility.			
Ability to function effectively and with minimum direction.			
Maintains self-control.			
Ability to keep material and equipment organized.			

Comments:

Principal's Signature

Date

Paraprofessional's Signature

Date

(Signatures confirm only that each party has participated in the evaluation process. They do not mean that all parts of the report are agreeable to both, or to either party.)