



**STUDENT SERVICES STAFF EVALUATION REPORT
TO THE SUPERINTENDENT/CEO**

STUDENT SERVICES STAFF WITH ONE OR MORE YEARS IN THE DIVISION

BUILDING/SCHOOL(S) _____

STAFF MEMBER _____

LEVELS SUPPORTED _____ AREA OF SUPPORT _____

COMPONENTS OF EVALUATION:

Rate each of the categories below with a **√** using the following guide.

Descriptors

Distinguished – considered to be exceptional in field of professional teaching.

Proficient – consistently exceeds position requirements for professional teaching.

Satisfactory – consistently meets position requirements for professional teaching

Unsatisfactory – not acceptable. Performance needs upgrading.

N/A – does not apply

DOMAIN 1: PLANNING AND PREPARATION

- 1a Knowledge of Programs, Materials and Resources
- 1b Knowledge of Students
- 1c Knowledge of Assessment Techniques, Assessing Learning and Social/Emotional and Behavioural Difficulties
- 1d Recording, Reporting and Caseload
- 1e Reflections and Professional Growth
- 1f Ethical Standards and Responsibilities

	U	S	P	D	N/A
1a					
1b					
1c					
1d					
1e					
1f					

DOMAIN 2: THE EDUCATIONAL ENVIRONMENT

- 2a Creating an Environment of Respect and Rapport
- 2b Establishing a Culture for Learning
- 2c Managing Groups
- 2d Managing Student Behaviour
- 2e Managing Educational and Student Assistants
- 2f Contributing Contributions to School/Division Activities

	U	S	P	D	N/A
2a					
2b					
2c					
2d					
2e					
2f					

DOMAIN 3: SERVICE DELIVERY

- 3a Selecting Intervention Outcomes/Objectives
- 3b Designing Effective Intervention Strategies
- 3c Communication
- 3d Using Questioning and Discussion Techniques
- 3e Engaging Students/Clients in Lessons/ Sessions
- 3f Demonstrating Flexibility and Responsiveness

	U	S	P	D	N/A
3a					
3b					
3c					
3d					
3e					
3f					

OVERALL RATING:

- Satisfactory
- Unsatisfactory



EVALUATOR’S COMMENTS:

Items checked “distinguished” or “unsatisfactory” require comments.

STAFF MEMBER’S PROFESSIONAL DEVELOPMENT GOAL(S):

CLASSROOM OBSERVATIONS:

Listing of dates and name of evaluator for formal classroom observations and discussions:

Date	Name of Observer	Date	Name of Observer	Date	Name of Observer

DATE

SIGNATURE OF EVALUATOR

STAFF MEMBER’S COMMENTS:

This confirms that I have had the time and opportunity to discuss this report with the evaluator and to attach my comments.

DATE

SIGNATURE OF STAFF MEMBER

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