



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

NEW STUDENT SERVICES STAFF NEW TO THE DIVISION - Report No. 1

BUILDING/SCHOOL(S) _____

STAFF MEMBER _____

LEVELS SUPPORTED _____ AREA OF SUPPORT _____

From my observations of the work of this staff member based on classroom visits, student services meetings, and other contacts, I have formed the judgement checked below:

1. This staff member has made a good beginning in the school(s)/Division. ☐
2. There are performance areas where improvement must be made. ☐
3. This staff member is encountering considerable difficulty, and arrangements are being made for assistance to be provided. ☐
(i.e. consultation with a supervisor, coordinator or administrator)

Evaluator's comments are required to justify the judgement checked.

EVALUATOR'S COMMENTS:

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If space is insufficient, please attach additional pages as needed.

STAFF MEMBER'S PROFESSIONAL DEVELOPMENT GOAL(S):

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CLASSROOM/MEETING OBSERVATIONS:

Listing of dates and name of observer for formal 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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