

OSSINING UNION FREE SCHOOL DISTRICT

Teaching Assistant/Teacher Aide Supervisor Evaluation Form

Name of Employee: _____ Reg. Ed. ☐ Special Ed. ☐ One-to-One: ☐ Technology: ☐

Current Assignment: _____

Element	Unsatisfactory	Basic	Proficient	Distinguished	NA	COMMENTS
<u>1. School/Classroom Environment</u>						
a) Demonstrates good judgment and reacts calmly and in a professional manner to student behavior while providing safe interventions.						
b) The employee's words and actions contribute to an environment of respect and rapport.						
c) Treats students in a respectful, fair, and impartial manner.						
d) Facilitates/supervises small/large groups of students						
e) Has direct and ongoing communication with teacher(s) and related staff as well as participates in team problem-solving efforts.						
<u>2. Instructional Environment</u>						
a) Implements instructional lesson plans.						
b) Communicates clearly and accurately. Provides feedback and/or recorded data regarding performance and behavior of students to teachers.						
c) Demonstrates flexibility and ability to adjust lessons including strategies, materials and supplies according to student needs.						
d) Fosters student independence.						
<u>3. Professional Responsibility</u>						
a) Interpersonal skills.						
b) Showing professionalism.						
c) Growing and developing professionally, continually seeks to improve instructional support (reflects one's work with students; utilizes available resources).						
d) Attendance						
e) Uses technology tools for communication and productivity as provided by the District.						

Evaluator Summary:

Employee Comments (optional):

Evaluator Signature

Date

Evaluator Signature (If applicable) Date

A copy of this observation has been given and discussed with me. My signature means I have been advised of my performance and does not necessarily imply that I agree or disagree with this observation. {Attach additional sheets for comment, if necessary.}

Teaching Assistant Signature Date