

**Putnam Valley Central School District
Putnam Valley, New York**

**Civil Service Employee Review
Teacher Aide**

Employee _____ Job Title _____

Building & Department _____

Evaluator _____ Evaluation Date _____

	Meets or Exceeds Expectations	Needs Improvement (Requires Comment)	Not Applicable	Comments
Quality of Work				
Accuracy				
Reliability				
Initiative				
Efficiency				
Organization skills				
Decision making				
Knowledge of job				
Follows directions				
Productivity				
Dependability				
Attendance				
Punctuality				
Responsiveness				
Availability				
Leadership				
Cooperation				
Attitude Toward Work				
Interest in job				
Confidentiality				
Compatibility with Peers, Administrators & Public				
Appearance				
Care of equipment				
Adaptability				
Judgment/Tact				

**Putnam Valley Central School District
Putnam Valley, New York**

**Civil Service Employee Review
Teacher Aide**

Job Related Skills	Meets or Exceeds Expectations	Needs Improvement (Requires Comment)	Not Applicable	Comments
Instructional Job Related Skills				
Implements lessons				
Ability to explain				
Supports academic skill development				
Supports social skills development				
Provides positive reinforcement				
Performs clerical duties				
Performs various tasks assigned by teachers				
Manages and conducts classroom lessons in the absence of the teacher				
Models appropriate behavior				
Supervision of Students				
In the classroom				
In the building				
On the grounds				
Human Relations Skills				
Interaction with: Administrators				
Parents				
Public				
Staff				
Students				
Special Assignments:				

**Putnam Valley Central School District
Putnam Valley, New York**

**Civil Service Employee Review
Teacher Aide**

Performance Strengths

Recommendations for Improvement/Professional Growth

Employee's Comments and Goals

Overall Performance:	Meets/Exceeds Expectations	Needs Improvement*

*A check in this column requires the supervisor/evaluator to develop a plan with the employee by which s/he can address the identified deficiencies. The evaluator and the employee will meet regularly about the plan and evaluate progress toward remediation after one year.

Evaluator's Signature_____

Employee's Signature_____

Date of Conference Discussion_____

Please sign and return this form to the supervisor within five working days of receipt. It is understood your signature does not necessarily constitute agreement with its contents. After proper service upon the employee, the District has the right to file material without signature.