

From: Dr. Terry Smith

School Year: 2016-17

RE: PAEC Employee: \_\_\_\_\_

Please complete this input form and return to <u>Terry Smith at PAEC Center/Admin</u>. Thank You.

\*\*If a "Needs Improvement" or "Unsatisfactory" rating is given, please give specific examples, as well as the specific dates and times you met with the employee about each area of concern listed\*\*

E = Excellent P = Proficient N = Needs Improvement U = Unsatisfactory

## Technical Knowledge and Assistance Regarding Area of Expertise

Providing technical assistance/consultation in areas of expertise to instructional staff and school administrators (assist with information, interventions, Special Ed Law/Procedures, students, etc.)

E: \_\_\_\_ P: \_\_\_ N: \_\_\_\_ U: \_\_\_

Comments:

## **Direct Services (if applicable)**

Provides interventions, strategies, etc. to students.

E: \_\_\_ P: \_\_\_ N: \_\_\_ U: \_\_\_ Comments:

#### Interpersonal Skills

1) Interaction with staff, students, parents and school administrators.

E: \_\_\_\_ P: \_\_\_\_ N: \_\_\_\_ U: \_\_\_

2) The participation and meaningful contributions to other members of the educational teams.

E: \_\_\_ P: \_\_\_ N: \_\_\_ U: \_\_\_

Comments:

#### **Organizational Skills**

Management of schedules, preparation for meetings, meeting timelines, and management of required information/data/paperwork.

E: \_\_\_ P: \_\_\_ N: \_\_\_ U: \_\_\_

Comments:

# **Communication**

1) Oral communication at problem solving meetings, screenings, prediagnostic meetings, and staffings.

E: \_\_\_\_ P: \_\_\_\_ N: \_\_\_\_ U: \_\_\_

2) Communication in the form of memoranda, reports, evaluations, etc.

E: \_\_\_\_ P: \_\_\_\_ N: \_\_\_\_ U: \_\_\_\_

3) Thoroughness and quality of reports, evaluations, etc.

E: \_\_\_ P: \_\_\_ N: \_\_\_ U: \_\_\_

4) Maintains communication with administrators, staff, and parents/guardians.

E: \_\_\_\_ P: \_\_\_\_ N: \_\_\_\_ U: \_\_\_\_

Comments:

#### **Professionalism**

Maintains professional demeanor, appropriate dress, and is courteous and considerate of other individuals.

E: \_\_\_\_ P: \_\_\_ N: \_\_\_\_ U: \_\_\_

Comments:

## Facilitation of Staffings, Meetings (if applicable)

The ability to manage meetings, staffings, etc. in an organized, thorough and time efficient manner.

E: \_\_\_\_ P: \_\_\_\_ N: \_\_\_\_ U: \_\_\_

Comments:

Other Information:

Person Completing Form: \_\_\_\_\_

Title of Person Completing Form: \_\_\_\_\_

Date Completed: \_\_\_\_\_