

Portland Public Schools
Non-Classroom Certified Employee Evaluation Form

Employee's Name _____
 Employee ID _____
 Due Date 05/01/2019
 Assignment Speech Language Pathologist
 Department Special Education Svcs-Mgmt
 Location Itinerant @ BESC
 Evaluation Period 07/01/2017 - 06/30/2019

Number of Observations 0
 Total Time of Observations 0.00 hours
 Was there a pre-conference? N
 post-conference? N
 Employee Status Miscellaneous 4
 Evaluated By _____
 Date Signed/Meeting Date _____

- 1 . Does this person plan and evaluate duties in terms of clearly stated goals related to job description and/or position guide?

- 2 . In what areas of the job description/position guide has this person shown development and growth in fulfilling the described position?

- 3 . In what specific area of the job description/position guide does this person need to demonstrate additional development? (Include suggestions for improvement)

- 4 . What help toward improvement has been made available to this person?

- 5 . Additional Comments: (Include further commendations or suggestions. Comment on multi-ethnic standard as appropriate.)

I DO recommend this contract teacher for another year of service in School District No. 1.

 Principal's Signature Date Vice Principal's Signature Date

I have read the above report.

 Employee's Signature Date

<p>Received and Contents Noted</p> <p>_____ (Regional/Department Office)</p> <p>Date: _____</p> <p>_____ (Human Resources)</p> <p>Date: _____</p>
