

**APPENDIX I**  
**PORTLAND PUBLIC SCHOOLS**  
**NON-CLASSROOM CERTIFICATED PERSONNEL EVALUATION FORM**  
(for certificated personnel other than classroom teachers)

Name of Person Being Evaluated \_\_\_\_\_ Number of Observations or Conferences \_\_\_\_\_  
Social Security No. \_\_\_\_\_ Total Observation Time, if appropriate \_\_\_\_\_  
Assignment \_\_\_\_\_ Employee Status:  Probationary  Tenure  Temporary  
School or Other Location \_\_\_\_\_ 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 areas 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 recommendations, if appropriate). Comment on multi-ethnic standard as appropriate.

\_\_\_\_\_  
 Director  
 Assistant Director  
 Supervisor  
 Administrator  
 Other

\_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_ Vice Principal's Signature \_\_\_\_\_ Date \_\_\_\_\_  
Employ \_\_\_\_\_ Date \_\_\_\_\_

Received and Contents Noted
_____
(D.O.I. Office)
Date: _____
_____
(District Office)
(Personnel Services)
Date: _____

\_\_\_\_\_  
Verify that individuals have read and had the opportunity to discuss the above report.

Identify Attachments:  Job Description  Position Guide  State Evaluation Form  Other \_\_\_\_\_