FONTANA UNIFIED SCHOOL DISTRICT

CERTIFICATED (NON-TEACHING) EVALUATION

NAME OF EMPLOYEE: _____ **LOCATION:** _____
ASSIGNMENT: _____ **CONTRACT STATUS:** _____
EVALUATOR: _____ **TITLE:** _____

RATINGS: **N/A** = NOT APPLICABLE **D** = DISTINGUISHED **P** = PROFICIENT **N** = NEEDS IMPROVEMENT
DE = DEVELOPING (PROBATIONARY ONLY) **U** = UNSATISFACTORY

STANDARD: ADHERENCE TO ESTABLISHED PROCEDURES

- ☐ Implements established program
- ☐ Implements established services
- ☐ Maintains required records in an accurate, timely manner
- ☐ Complies with adopted guidelines and school procedures
- ☐ Supports District and school goals and objectives as they apply to the assignment

☐ **OVERALL RATING**
COMMENTS: _____

STANDARD: FULFILLMENT OF RESPONSIBILITIES AND DUTIES TO STUDENTS, PARENTS, AND STAFF

- ☐ Is accessible to students, staff, and parents
- ☐ Communicates effectively with students
- ☐ Communicates effectively with parents
- ☐ Communicates effectively with staff
- ☐ Works cooperatively with staff members
- ☐ Completes District, site, and assigned adjunct duties effectively
- ☐ Serves as a resource and assists other staff in meeting students' needs
- ☐ Serves students as appropriate
- ☐ Complies with State, Federal and District rules regarding confidential information
- ☐ Maintains ethical standards of professionalism

☐ **OVERALL RATING**
COMMENTS: _____

STANDARD: DEMONSTRATED KNOWLEDGE AND SKILLS OF THE ASSIGNMENT

- ☐ Maintains current knowledge related to the assignment
- ☐ Models reflective practice and continuous professional growth
- ☐ Demonstrates and applies current knowledge related to the assignment in the best interest of students
- ☐ Uses standard English in written and oral communication
- ☐ Systematically plans and completes duties and responsibilities

☐ **OVERALL RATING**
COMMENTS: _____

OVERALL EVALUATION RATING: _____ **RECOMMENDATION:** ____
ASSISTANCE PLAN NEEDED FOR ONE OR MORE STANDARDS RATED NEEDS IMPROVEMENT OR UNSATISFACTORY.

_____ _____
EVALUATOR'S SIGNATURE DATE EMPLOYEE'S SIGNATURE DATE

My signature acknowledges that I have seen and discussed this evaluation but does not necessarily imply agreement with the conclusions of the evaluator.