

Tacoma Public Schools
Short Form Evaluation Record
Educational Staff Associate

Form 2/ESA

School year _____

Name of ESA _____

Date _____

School/s _____

Transfer:*

Voluntary

Involuntary

Not applicable

Assignment _____

Professional preparation* _____

Years in profession* _____

**To be filled in by ESA*

It is the evaluator's judgment, based upon adopted criteria, that this educational staff associate's overall performance continues to be satisfactory as a professional in the special field, in management of special and technical environment, in involvement in assisting pupils, parents and educational personnel in knowledge and skill in his/her special field and in efforts toward improvement during the evaluation period covered by this record.

This record conforms to State statute and with provisions of the negotiated agreement. Dates of formal observations and related activities are as follows:

**Pre-Observation Conference
Dates**

**Observation
Dates**

**Post-Conference
Dates**

_____/_____/_____

_____/_____/_____

_____/_____/_____

_____/_____/_____

_____/_____/_____

_____/_____/_____

Optional comments: _____

 ESA's signature

 Date

 Evaluator's signature

 Date

A signature on this evaluation record means that both the educational staff associate and the assigned evaluator have agreed to the use of this form.

ESA's addenda attached

A signature on this summary does not necessarily mean the educational staff associate agrees with the evaluation, but indicates the educational staff associate has participated in the evaluation, has participated in the pre-observation conference and has had an opportunity for discussion at a post-conference meeting. The educational staff associate understands that she/he has the privilege of discussing this evaluation with the Assistant Superintendent, Personnel. The educational staff associate may also attach addenda.

