

Tacoma Public Schools

Long Form Educational Staff Associate Evaluation Record

Form 1 / ESA

Name of ESA _____ School(s) _____ Date _____

Assignment _____
(Nurse, social worker, etc.)

Transfer*:

Professional preparation* _____

Voluntary

Assigned to area of preparation* Yes _____ No _____

Involuntary

Years in profession* _____

ESA's addenda attached

Not applicable

*To be filled in by ESA

Areas considered

S	U

ESA as a professional in the special field.

Management of special & technical environment.

Involvement in assisting pupils, parents & educational personnel where appropriate.

Activities / criteria specific to field.

Knowledge & skills in special field.

Effort toward improvement.

The following steps have been adhered to in this evaluation:

- _____ 1. Pre-observation conference(s)
Date(s) Activities to be observed: _____

- _____ 2. Formal observation #1: _____ minutes
Date
- _____ 3. Formal observation #2: _____ minutes
Date
- _____ 4. Informal observations: Yes No
- _____ 5. Post observation conference(s) / analysis.
Date(s) Both parties understand and have discussed the indicators (attached) for each category. Collected data have been examined and interpreted.

KEY: S—Satisfactory; U—Unsatisfactory

Explanation of any unsatisfactory rating attached.

Evaluator's comments: (This section is to address areas of outstanding performance and / or suggestions for improvement.)

ESA's comments: _____

ESA requests a peer observation as provided for in the collective bargaining agreement.

ESA's signature Date

Evaluator's signature / Area of professional preparation Date

A signature on this summary does not necessarily mean the ESA agrees with the evaluation but indicates the ESA has participated in the evaluation, has read the evaluation and has had an opportunity for discussion. The ESA understands that she / he has the privilege of discussing the content of this evaluation with the Assistant Superintendent, Personnel. The ESA may also attach addenda.

Tacoma Public Schools

Long Form Educational Staff Associate Evaluation Worksheet

Form 1 / ESA

Name of ESA _____ School(s) _____ Assignment _____

GENERAL: Use sections I, II, III and IV to evaluate performance based on professional contacts and activities throughout the year. Evaluators may include clearly identified comments, but may not add to, delete, nor modify specific language in the form.

I. THE ESA AS A PROFESSIONAL

Yes No S U N

- A. Possesses minimum training for provisional or standard certificate, health form, TB certificate.
- B. Follows the law as it relates to areas of specialization.
- C. Demonstrates awareness of special ESA responsibilities to students, parents and other educational personnel.

II. MANAGEMENT OF SPECIAL AND TECHNICAL ENVIRONMENT

- A. Maintains environment which is most likely to produce student cooperation and learning.
- B. Selects or recommends assessment and nonassessment devices, materials, equipment appropriate to student needs.
- C. Demonstrates the use and an understanding of the limitations and restrictions of devices, materials and procedures, etc.
- D. Prepares equipment, plans and materials in advance of assessment counseling or instruction.
- E. Makes appropriate use of equipment, materials and resource personnel.
- F. Uses comparative and interpretive data.
- G. Provides adequate plans for a substitute.
- H. Creates an environment which provides privacy and protects student and family information as mandated by codes of ethics, federal and state regulations, and local school district policies.

III. INVOLVEMENT IN ASSISTING PUPILS, PARENTS AND EDUCATIONAL PERSONNEL

- A. Adequately consults with other ESA staff, school personnel and parents concerning the development, coordination and / or extension of services to those needing specialized programs.
- B. Plans and develops a program to serve the preventive and developmental needs of the school population and the special needs of some students.
- C. Interprets characteristics and needs of students to parents, staff and community in group and individual settings via oral and written communications.
- D. Cooperates in maintaining control and enforcing rules throughout the school. (Classroom, hall, assemblies, playground.)

KEY: S—Satisfactory; U—Unsatisfactory; N—Not observed

Long Form Educational Staff Associate Observation / Evaluation Worksheet

Name of ESA _____ School(s) _____ Assignment _____

NOTE: The following criteria were adopted and agreed upon by a representative committee.
Evaluators will mark the appropriate box for each item below.

IV. ACTIVITIES / CRITERIA SPECIFIC TO: **OCCUPATIONAL THERAPIST**

Yes No S U N

- A. Evaluates, plans, implements and modifies educationally relevant occupational therapy intervention that supports student's function in his/her school program.
- B. Documents student's occupational therapy intervention and progress.
- C. Supervises certified occupational therapy assistants in compliance with regulations.
- D. Collaborates with and facilitates communication with educational support team, community and/or medical agencies regarding student's educational program.
- E. Remains knowledgeable in current occupational therapy practices relating to effective treatment strategies.

KEY: S = Satisfactory; U = Unsatisfactory; N = Not Observed; N/A = Not Applicable

Optional comments by evaluator or evaluatee _____

Tacoma Public Schools

Long Form Educational Staff Associate Observation Worksheet

Form 1 / ESA

Name of ESA _____ School(s) _____ Assignment _____

Date #1 _____ Date #2 _____

PREPARATION FOR OBSERVATION: ESA and principal / designated evaluator should meet together to consider activities to be observed during observation(s). The observation form may be made out with the aid of notes made during the classroom observations. Section V will be used for recording information derived from direct observations. The "1" date refers to the first observation, the "2" date refers to the second. Pre-observation notes may be placed on the last of these worksheets. Evaluators may include clearly identified comments, but may not add to, delete, nor modify specific language in the form.

V. KNOWLEDGE AND SKILLS IN SPECIAL FIELD

	Yes	No	S	U	N	
A. Provides a theoretical rationale for the individual use of various procedures.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	#1 #2
B. Relates and applies knowledge, research findings and theory deriving from the ESA's discipline to the development of a program of services.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	#1 #2
C. Designs and conducts a program providing specific and unique services within the ESA's discipline.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	#1 #2
D. Focuses attention of the students as appropriate or as needed.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	#1 #2
E. Demonstrates ability to assist teachers and administrators, where appropriate, to integrate specialized information into the regular curricular program.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	#1 #2
F. Develops goals and objectives which will facilitate the implementation of programs and services.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	#1 #2
G. Administers assessment procedures or organizes and prepares those who will administer assessment procedures.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	#1 #2
H. Demonstrates understanding of the basic principles of human growth and development.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	#1 #2

VI. EFFORT TOWARD IMPROVEMENT

	Yes	No	N/A	
A. Has effort been made for improvement of skills/competency?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	#1 #2
B. Maintains professional contacts and continuing education in areas of specialization.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	#1 #2

KEY: S—Satisfactory; U—Unsatisfactory; N—Not observed; N / A—Not applicable

Tacoma Public Schools Long Form Observation Summaries

Name of Teacher / ESA _____ School _____

#1

Date _____
 Time _____ to _____
 Subject _____
 Objective _____

Summary:

#2

Date _____
 Time _____ to _____
 Subject _____
 Objective _____

Summary:

Teacher / ESA signature* _____ Date _____

Evaluator's signature _____ Date _____

Teacher / ESA signature* _____ Date _____

Evaluator's signature _____ Date _____

*This does not necessarily mean the Teacher / ESA agrees with the summary, but indicates the Teacher / ESA has participated in the process, has read the summary and has had an opportunity for discussion.