

# 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.)

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ESA's comments: \_\_\_\_\_

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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: **PHYSICAL THERAPIST**

Yes No S U N

- A. Evaluates students in the areas of functional mobility, neuromuscular, musculoskeletal and gross motor function.  Yes  No  S  U  N
- B. Supervises physical therapy assistants in compliance with regulations.  Yes  No  S  U  N
- C. Plans and implements student's physical therapy programs.  Yes  No  S  U  N
- D. Demonstrates appropriate physical therapy treatment techniques.  Yes  No  S  U  N
- E. Communicates with staff, families, agencies and medical community regarding students.  Yes  No  S  U  N

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

Optional comments by evaluator or evaluatee \_\_\_\_\_

\_\_\_\_\_

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# 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
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	#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
	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	#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
	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	#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
	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	#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
	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	#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
	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	#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
	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	#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
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	#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
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	#2
B. Maintains professional contacts and continuing education in areas of specialization.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	#1
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	#2

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

