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| **Monroe One BOCES – Paraprofessional Association EVALUATION** |
| **PARAPROFESSIONAL SELF EVALUATION** |
| Name: | School Year: |
| Department/Program: | Date of Evaluation: |
| Assignment/Teacher: | Supervisor/Administrator: |

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| **EVALUATION AREA***(Please note: Comments are optional)* | NotAcceptable**1** | NeedsImprovement**2** | Effective**3** | HighlyEffective**4** | Exceptional**5** |
| **Promptness:** Ready to begin work in assigned location and works assigned hours.*Comments:* |  |  |  |  |  |
| **Maintains confidentiality:** Maintains confidentiality for staff and students. (Including: social media, interactions in the community, not sharing information outside of the classroom)*Comments:*  |  |  |  |  |  |
| **Personal appearance:** Appropriately dresses for the assignment. Follows the program dress code (Including: indoor/outdoor activities, pool, CBI, etc.)*Comments:* |  |  |  |  |  |
| **Positive attitude:** Demonstrates a positive attitude and commitment toward work.*Comments:* |  |  |  |  |  |
| **Understands and fulfills roles and responsibilities:** Understands job roles and responsibilities (Follows student IEPs and BIPs, helps student(s) to improve his/her sense of responsibility)*Comments:*  |  |  |  |  |  |
| **Follows teacher, administrative, and support staff direction:** Does what is expected and/or asked and abides by administrative and teacher decisions.*Comments:* |  |  |  |  |  |
| **Appropriately manages students’ behavior:** Treats students in a respectful and consistent manner, and appropriately manages students’ behavior with good judgment. Supports classroom, school rules, and expectations.*Comments:*  |  |  |  |  |  |
| **Job knowledge:** Understands job and what is expected as a BOCES paraeducator, notetaker, sign skills coach, job coach. Understands and executes duties per job description.*Comments:* |  |  |  |  |  |
| **Able to do physical tasks and approved intervention techniques (when appropriate):** * Performs all physical tasks as required by position including: walking, lifting, and moving students
* Able to participate in approved Therapeutic Crisis Intervention training

*Comments:* |  |  |  |  |  |
| **Organizational skills:** Organizes and performs tasks effectively and efficiently.*Comments:* |  |  |  |  |  |
| **Communication with staff:** Maintains open and appropriate communication with others including school staff.*Comments:* |  |  |  |  |  |
| **EVALUATION AREA***(Please note: Comments are optional)* | NotAcceptable**1** | NeedsImprovement**2** | Effective**3** | HighlyEffective**4** | Exceptional**5** |
| **Communication with students:** Communicates information and expectations clearly and respectfully. Demonstrates good listening skills.*Comments:* |  |  |  |  |  |
| **Works well with others:** Is adaptive, flexible, and works harmoniously with staff and students. Is a good role model.*Comments:* |  |  |  |  |  |
| **Maintains appropriate boundaries:** Uses good judgment and maintains appropriate student/staff boundaries. *Comments:* |  |  |  |  |  |
| **Attends meetings:** Attends all required meetings as expected or directed.*Comments:* |  |  |  |  |  |
| **Uses email:** Uses BOCES email system regularly to communicate and to remain informed regarding BOCES operations.*Comments:* |  |  |  |  |  |
| **Uses technology in appropriate manner:*** Uses technology to assist students.
* Uses school technology appropriately and to enhance work activity.
* Uses personal technology devices appropriately.

*Comments:* |  |  |  |  |  |

**Comments:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Professional development attended this year:**

|  |  |
| --- | --- |
| Date Attended | Training and Description |
|  |  |
|  |  |
|  |  |
|  |  |

**Attendance (see paystub for information):**

|  |  |  |
| --- | --- | --- |
| Sick Days Used |  | *Additional comments you wish to share regarding your attendance:* |
| Personal Days Used |  |  |
| Other Days Used |  |  |
| Total Days Used |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **BPA Partnership****Questionnaire (Optional)****\*Providing feedback on this questionnaire will not negatively impact your employment status with Monroe One BOCES.** | Strongly Disagree**1** | Disagree**2** | Neutral**3** | Agree**4** | Strongly Agree**5** |
| 1. Overall, I am satisfied working in capacity (i.e., as a paraeducator, notetaker, signing skills coach, job coach)
 |  |  |  |  |  |
| 1. There is effective communication between me and my teacher/supervisor(s).
 |  |  |  |  |  |
| 1. The expectations of my job have been made clear to me by my teacher/supervisor(s).
 |  |  |  |  |  |
| 1. I have received specific information to perform my job duties successfully by my teacher/supervisor(s).
 |  |  |  |  |  |
| 1. I feel that my contributions to Monroe One BOCES are valued and recognized by my teacher/supervisor(s).
 |  |  |  |  |  |

**Additional observations, thoughts, questions, concerns:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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If you are interested in a change of assignment within your school program, building, or role, please use the space below to identify what your interests are and the reason you would seek this change (For example: you have always wanted to work with an elementary school population or you have an interest in working in a Day Treatment setting). Monroe One BOCES Administration will make recommended placements based on needs each year and your input in this process is valued. (\*\*\*If you are requesting a Building/Program change, please complete the Program Transfer Request Form and submit to Human Resources.)

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**Paraprofessional Unit Member Signature Date**