## Exceptional Children Services
### Special Education Speech/Language Assistant Evaluation

**Name:** ___________________________  **School:** __________________

**Evaluator:** ________________________  **Date:** __________________

**Number of Years with Evaluator:** ________________________________

### Rating Scale
- 1-Outstanding
- 2-Average
- 3-Needs Improvement
- 4- Unsatisfactory
- 5- Not Applicable

<table>
<thead>
<tr>
<th>Responsibility</th>
<th>Response Scale (Check One)</th>
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<tbody>
<tr>
<td>1. Works with individual students/small groups to reinforce learning according to IEP and under the direction of the SLP</td>
<td>__  __  __  __  __</td>
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<td>2. Assists with speech/language screenings as directed by the SLP</td>
<td>__  __  __  __  __</td>
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<td>3. Assists with scheduling activities, material preparation, and other clerical duties</td>
<td>__  __  __  __  __</td>
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<td>4. Implements behavioral management techniques as specified in behavior plan</td>
<td>__  __  __  __  __</td>
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<tr>
<td>5. Document student performance and progress toward meeting established goals/objectives</td>
<td>__  __  __  __  __</td>
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<td>6. Maintains professional &amp; appropriate relationship with the teacher(s)</td>
<td>__  __  __  __  __</td>
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<td>7. Interacts and communicates appropriately with students</td>
<td>__  __  __  __  __</td>
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<td>8. Interacts and communicates appropriately with parents, staff, and other stakeholders</td>
<td>__  __  __  __  __</td>
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9. Other factors:

   Attendance  ___    ___  ___   ___   ___
   Punctuality  ___    ___  ___   ___   ___
   Time Management  ___    ___  ___   ___   ___
   Takes Initiative  ___    ___  ___   ___   ___
   Accepts Constructive Criticism  ___    ___  ___   ___   ___

10. Strengths

11. Areas Needing Improvement

12. Areas Discussed During Evaluation Conference

13. Recommended for Continued Service  ____YES  ___NO

*I have read/participated in this evaluation and I _____AGREE  _____DISAGREE.
Comments:____________________________________________________________

Signature of Employee:________________________________  Date:____________

*I have provided an opportunity for comments and written reaction to this evaluation by the employee.

Signature of Evaluator:________________________________  Date:____________

Additional Comments:________________________________________________________________________