

District Evaluation Form



Name _____ Date _____

School _____ Supervisor _____

If either and I or U is checked in any area, specific problem information must be given in the comment section.

INTERPRETER	E	P	I	U
Facilitates communication in the classroom				
Interprets content and non-content areas				
Adapts signing level to communication needs of student				
Assists the student and other professionals in understanding the role of the interpreter				
Ensures appropriate logistics (e.g., lighting, seating)				
Appearance is appropriate (e.g., non-distracting clothes, jewelry, hair, make-up)				
Prepares for content and message delivery				
Prepares clear and appropriate information for substitute interpreters				
Interprets at school functions as needed (may be additional time outside of regular contracted hours)				
Comments:				
TUTOR	E	P	I	U
Provides tutoring services under the direction of a certified teacher:				
Demonstrates knowledge of subject matter				
Prepares for content				

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Implements instructional strategies as identified by the IEP team				
Assists students and other professionals in understanding the role of the tutor				
Comments:				
TEAM MEMBER	E	P	I	U
Provides consultation regarding strategies to:				
Promote student independence				
Encourage direct communication across various interactions				
Address discipline problems and procedures to supervisor				
Address concerns related to a student's needs to supervisor or other appropriate person				
Educate others regarding the implications of hearing loss				
Attend meetings or provides information to the team about concerns				
Adhere to school policies and procedures				
Collaborate with student's educational team members				
Communicate a feeling of respect towards students and adults in words and actions				
Establish consistent communication with the teacher of the deaf/hard of hearing regarding the student(s) progress in the mainstream setting				

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Ability to develop rapport with the D/HH students				
Comments:				

RECOMMENDED AREAS FOR IMPROVEMENT:
OTHER COMMENTS:

Employee's signature is required on this Performance Review and any attachments. Employee's signature does not indicate approval; rather that the appraiser had reviewed and discussed the findings with the employee.

Employee's signature and date

Appraiser's signature and date

¹Adapted with permission from Mesa County School District, Grand Junction, CO