

Monroe County Intermediate School District Support Staff Evaluation Framework Plan (All Disciplines)

Staff Name: _____ Building: _____

Assignment: _____ Evaluator Name: _____

Employment Status: Non-Probationary ☐ First Year Probation ☐

Second Year Probation ☐ Third Year Probation ☐ Fourth Year Probation ☐

Initial Meeting Date: _____ Staff Initials: _____ Evaluator Initials _____

First Observation Date: _____ Staff Initials: _____ Evaluator Initials: _____

Written Feedback Date: _____ Staff Initials: _____ Evaluator Initials: _____

Second Observation Date: _____ Staff Initials: _____ Evaluator Initials: _____

Written Feedback Date: _____ Staff Initials: _____ Evaluator Initials: _____

Provide rationale if Suggested Timelines are extended: _____

Support Staff will be evaluated on all Standards in their evaluation year(s).

Interim Signatures: Signatures attest that an appropriate copy of the Evaluation Framework has been provided and discussed prior to the beginning of the scheduled observation period.

Evaluator: s/_____ Staff: s/_____

Date: _____ Date: _____

This process and accompanying instrument is intended to provide a written summary of a Staff's performance. The report is intended to reflect on the overall performance of the Staff as identified during the observation period(s) as well as general overall performance during the period since the last evaluation report. Anything that is reported in this evaluation must have been discussed and/or documented with the Staff prior to the information being included in this report.