APPENDIX F

WENATCHEE SCHOOL DISTRICT

Educational Support Staff Final Evaluation Report

(Counselors, Physical Therapists, Occupational Therapists, Speech Therapists, (SLPS) Psychologists and all other non classroom teachers)

☐ **Short Form**

Employee Name _____ **Evaluator Name** _____ **Date** _____

Building Name _____ **Assignment** _____

Evaluation Type: **Annual** _____ **Other** _____

Description of Responsibilities: *Includes areas (such as classes taught, number of preparations, class size, district/building responsibilities). Even though this description lists total responsibilities, the evaluation herein is limited to specific teaching assignment.*

Observation Record: *A minimum of one (1) thirty (30) minute observation.*

Date _____ Class/Activity _____ Length of Observation _____

Date _____ Class/Activity _____ Length of Observation _____

It is my judgment, based upon adopted criteria, that this certificated employee has demonstrated successful performance and has met statutory requirements.

Date _____Evaluator _____

Date _____ Employee _____

My signature indicates that I have seen this evaluation. It does not necessarily indicate agreement with the findings.