

Please note...

The following form(s) was/were designed to be completed electronically. This feature allows the user to complete the form(s) neatly and in a timely manner. The completed form(s) can only be saved if you are using the full version of Adobe Acrobat. If you are using the Adobe Acrobat Reader, the inputted text will be lost when the document is closed. If you are using the Adobe Acrobat Reader and wish to save your text, you can “cut and paste” it into a word processing (e.g. Microsoft Word) document.

Instructions:

When the mouse is moved over an area where text can be inputted, the cursor will change from a hand to a text cursor. When the text cursor appears, left click...text can now be entered.

Examples:

Fill in the blank: _____

Hit the “Tab” key and the cursor will jump to the next text box. 1. _____
2. _____ 3. _____ 4. _____

Check boxes and radio buttons may also be found throughout the document.

Attachment E

LOS ANGELES UNIFIED SCHOOL DISTRICT
TEACHER ASSISTANT EVALUATION FORM

Last _____ First _____ M.I. _____ Employee No. _____ Work Location _____

For the period from _____ to _____
MM/DD/YY MM/DD/YY

CHECK ONLY ONE BOX

Below Standard Needs Improvement Meets Standard

I. PERFORMANCE

- Reinforces instructional concepts assigned by teacher
- Accepts/follows teacher direction
- Uses appropriate procedures/materials
- Adheres to school rules and regulations
- Provides effective classroom/nonclassroom supervision
- Performs related duties as assigned
 - Bilingual duties/responsibilities
 - Other duties/responsibilities (_____)
- Demonstrates sensitivity to individual pupil differences
- Cooperates, maintains appropriate relationships and communicates effectively with:
 - Students
 - Teachers and other school staff
 - Parents
- Maintains appropriate appearance and attire for classroom environment

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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II. ATTENDANCE

- Regularly arrives on time
- Regularly in attendance for total daily assignment
 - Total days present _____
 - Total days absent _____
 - Total days tardy _____

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

III. OVERALL EVALUATION

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Comments (Optional, except when overall evaluation is below standard in which case the comments must include recommendations for improvement and offer appropriate counseling and guidance.)

ADMINISTRATOR: _____ TITLE _____
Print Name Employee No.
 _____ Date _____
Signature

I have received copy of this evaluation but my signature does not necessarily indicate agreement. I understand that I may attach a written response to this form, which will become a permanent part of the evaluation.

EMPLOYEE: _____ Date _____

Distribution: Original to work location, copy to employee