



Mid-Valley Special Education Cooperative
Teaching Assistant Evaluation
Staff Dialogue Form
 8/20/2012

Name: _____

Assignment: _____

Location(s): _____

Meeting or Observation Date: _____

| Instruction | Comments |
|---|-----------------|
| <ul style="list-style-type: none"> • Provides active instructional support to students, consistent with the classroom placement • Provides active behavioral support to students, consistent with the classroom placement • Provides instructional assistance to teacher/case manager with classroom tasks, e.g. materials preparation, data collection for academic, functional, social and/or behavioral tasks • Contributes to a positive instructional environment for students and staff | |

| Interpersonal Relations/Communication | Comments |
|--|-----------------|
| <ul style="list-style-type: none"> • Maintains cooperative, appropriate and positive working relationships with Mid-Valley staff, administrators, school district staff, parents and community agencies • Functions as a positive member of the educational team • Maintains ongoing appropriate and timely written, oral and electronic communication; maintains student confidentiality | |

| Training/Consultation | Comments |
|--|-----------------|
| <ul style="list-style-type: none"> • Supports integration of special education students as appropriate • Accesses professional growth opportunities; improves performance as indicated/desired | |

| Other Professional Responsibilities | Comments |
|--|----------|
| <ul style="list-style-type: none"> • Provides general student supervision, as directed • Provides assistance with physical needs of students, e.g. feeding, hygiene, ambulation, physical behavior management • Completes assigned clerical tasks in a timely and accurate fashion • Demonstrates knowledge of technology appropriate to assignment • Demonstrates problem-solving skills, flexibility and receptivity to change • Demonstrates responsiveness to teacher/administrator directives | |

Additional Comments from Staff Member or Evaluator:

Follow-up Date and Activities:

*Signature of Staff Member**

Signature of Evaluator

Date

* Indicates that content has been seen and discussed

Copies of this form to: Staff Member, Evaluator