SCHOOL DISTRICT OF PHILADELPHIA

PROFESSIONAL AND TEMPORARY EMPLOYEE RATING FORM

LAST NAME OF EMPLOYEE	FIRST NAME	MIDDLE INITIAL
Kauffmann	Karen	

REGION	NAME OF SCHOOL
PLT-8	H.A. Brown Academics Plus, Location 521

SATISFACTORY

SERVICE OF EMPLOYEE IS SUFFICIENTLY ACCEPTABLE TO JUSTIFY CONTINUED EMPLOYMENT.

SIGNATURE OF RATER: Connie Cannuscio

POSITION: Principal

DATE: 12-31-12

UNSATISFACTORY

SERVICE OF EMPLOYEE IS DEFICIENT AND IMPROVEMENT IS ESSENTIAL TO JUSTIFY CONTINUANCE IN SERVICE

SIGNATURE OF RATER:

POSITION:

DATE:

1. PERSONALITY

☑ SATISFACTORY ☐ UNSATISFACTORY

- EXERCISES PRUDENT JUDGMENT
- MAINTAINS POISE AND COMPOSURE
- DEMONSTRATES PROFESSIONAL ATTITUDE: IS *PUNCTUAL AND CONSCIENTIOUS WITH SATISFACTORY RATE OF ATTENDANCE*
- MAINTAINS EFFECTIVE PROFESSIONAL AND COLLEGIAL RELATIONSHIPS
- COMMUNICATES HIGH EXPECTATIONS FOR ALL STUDENTS
- DEMONSTRATES SENSITIVITY TO ALL CULTURES

2. PREPARATION

☑ SATISFACTORY ☐ UNSATISFACTORY

- KEEPS CURRENT IN SUBJECT MATTER OR FIELD
- DISPLAYS AWARENESS OF CHILD GROWTH AND DEVELOPMENT/COGNITIVE THEORY
- INCORPORATES DISTRICT STANDARDS
- INCORPORATES PROFESSIONAL DEVELOPMENT
- DEMONSTRATES AWARENESS OF SCHOOL AND COMMUNITY RESOURCES
- PLANS EFFECTIVELY/WORKS FROM AN INSTRUCTIONAL PLAN

3. TECHNIQUE

☑ SATISFACTORY ☐ UNSATISFACTORY

- USES A VARIETY OF PEDAGOGICALLY SOUND PROCEDURES TO HELP STUDENTS ACHIEVE ESTABLISHED ACADEMIC STANDARDS
- USES TECHNOLOGY, MATERIALS AND EQUIPMENT EFFECTIVELY
- RESPECTS INDIVIDUAL STUDENT DIFFERENCES
- FULFILLS APPROPRIATE OBJECTIVES
- COMMUNICATES REGULARLY WITH PARENTS ABOUT STUDENTS' PROGRESS
- PROVIDES APPROPRIATE INSTRUCTION TO MOTIVATE, CHALLENGE AND SUPPORT EACH STUDENT

4. PUPIL REACTION

☑ SATISFACTORY ☐ UNSATISFACTORY

- SHOWS MUTUAL RESPECT
- EXHIBITS BEHAVIORS CONDUCIVE TO LEARNING AND ENGAGEMENT IN SCHOOL ACTIVITIES
- ACTIVELY PARTICIPATES IN LESSON/LEARNING ACTIVITIES
- DEMONSTRATES ACADEMIC PROFICIENCY AT OR ABOVE APPROPRIATE LEVEL OR DEMONSTRATES PROGRESS TOWARDS SUCH PROFICIENCY

RATING.

☑ TEMPORARY PROFESSIONAL EMPLOYEE

☐ PROFESSIONAL EMPLOYEE

I certify that the above-named employee for the period beginning 9-4-12 *(Month / Day / Year)* *and ending* 12-31-12 *(Month / Day / Year)* *has received a rating of.*

☑ SATISFACTORY ☐ UNSATISFACTORY

SUPERINTENDENT'S SIGNATURE:	DATE:

I acknowledge that I have read the report and that I have been given an opportunity to discuss it with the rater MY signature does not necessarily mean that I agree with the performance evaluation.	SIGNATURE OF EMPLOYEE:	DATE:

S - 641 (Rev. 3/2000) COMM. CODE 61602445926

DISTRIBUTION: 1. WHITE - SUPERINTENDENT 2. CANARY - PRINCIPAL 3. PINK - EMPLOYEE