SCHOOL DISTRICT OF PHILADELPHIA

PROFESSIONAL AND TEMPORARY EMPLOYEE RATING FORM

LAST NAME OF EMPLOYEE	FIRST NAME	MIDDLE INITIAL
Kauffmann	Karen	

AREA ACADEMIC OFFICE	NAME OF SCHOOL
AD-8	Delaplaine McDaniel

SATISFACTORY

SERVICE OF EMPLOYEE IS SUFFICIENTLY ACCEPTABLE TO JUSTIFY CONTINUED EMPLOYMENT.

SIGNATURE OF RATER: Darlyn Grob

POSITION: Principal

DATE: 6/20/11

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 09/01/2010 *(Month / Day / Year)* *and ending* 06/22/2011 *(Month / Day / Year)* *has received a rating of:*

☑ SATISFACTORY ☐ UNSATISFACTORY

CHIEF ACADEMIC OFFICER'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:
		6-20-10

S - 641 Rev. (3/2002) COMM. CODE 61602445926

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