MERCER COUNTY PUBLIC SCHOOLS PERSONNEL EVALUATION REPORT

FRYSC STAFF MEMBER

Staff Member:	Hire Date:
Job Title: FRYSC Coordinator	School:

Rating Scale

EX – Excellent: More than meets the skill and exceeds the requirements.
GD – Good: Performance in skill is above the level of acceptability.
CO – Competent: Demonstrates the skill at an acceptable level of performance.
AN – Assistance Needed: Partially demonstrates, but not at an acceptable level of performance.
UN – Unsatisfactory: Does Not demonstrate the skill.
NA – Not Applicable

NO – Not Observed

Job Performance	EX	GD	CO	AN	UN	NA	NO
1. Involves the appropriate staff, students, advisory							
council, and SBDM (where applicable) in developing the							
goals for the FRYSC.							
Specific Written Facts:							
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2. Communicates to staff, parents, students, advisory							
council, and SBDM (where applicable) the guidelines							
that govern FRYSC and communicates the referral							
process.							
Specific Written Facts:							
		-			-		
3. Communicates to staff, students, and parents the							
availability of community resources and groups.							

Job Performance	EX	GD	CO	AN	UN	NA	NO
Specific Written Facts:							
4. Effectively implements the core and optional							
components of the FRYSC program.							
Specific Written Facts:							
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5. Communicates the goals, objectives and activities of the							
FRYSC program to staff, students, advisory council,							
parents, and SBDM (where applicable). Specific Written Facts:							
Specific Whiteh I dets.							
Interpersonal Relationships	EX	GD	CO	AN	UN	NA	NO
6. Demonstrates effective management.							
Specific Written Facts:							
7. Handles confidential information in a professional							
manner.							
Specific Written Facts:				l			

Interpersonal Relationships EX GD CO AN UN NA NO

8. Knowledgeable about current developments in the FRYSC program.							
Specific Written Facts:						1 1	
9. Ensures that oral and written communication is clear, accurate, and carefully composed.							
Specific Written Facts:				I		1 1	
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10. Ensures that fair and consistent services are provided to all participants in the FRYSC program.							
Specific Written Facts:		•					
11. Exhibits a positive professional attitude when working	1						
with staff, students, parents, advisory council, SBDM							
(where applicable), and the community. Specific Written Facts:							
Specific Written Fucis.							
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12. Provides leadership for the FRYSC program. Specific Written Facts:							
to Miles requested attacked and resting the in fearly	1						
13. When requested attends and participates in faculty meetings.							
Specific Written Facts:							
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14. Responds in a positive manner to supervision and advice.							
Specific Written Facts:							
Interpersonal Relationships.	EX	GD	CO	AN	UN	NA	NO

15. Demonstrates a collaborative effort to promote an effective working relationship with CHFS agencies, (Social Services, Social Insurance, Health Department, Employment Services and Mental Health Services).							
Specific Written Facts:							
16. Plans appropriate activities as related to the components of the program. Specific Written Facts:							
Specific Written Facis:							
17. Involves and seeks participation from the advisory council in accomplishing the goals, objectives and all aspects of the FRYSC program.							
Specific Written Facts:							
18. Aware of and effectively utilizes community resources.							
Specific Written Facts:							
19. Accessible to staff, students, parents, advisory council, and community.							
Specific Written Facts:							
Program Management	EX	GD	CO	AN	UN	NA	NO

20. Accepts and enforces school and district policies, procedures, and rules in a positive way.							
Specific Written Facts:							
21. Establishes, maintains, updates, and oversees FRYSC							
records. Specific Written Facts:							
Specific Written Fucis.							
22. Demonstrates good judgment in establishing							
priorities.							
Specific Written Facts:							
23. Maintains an ethical relationship with FRYSC							
participants.							
Specific Written Facts:							
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24. Assumes responsibilities for inventory and maintenance for all FRYSC materials.							
Specific Written Facts:			l	I		I	
Program Management	EX	GD	CO	AN	UN	NA	NO

25. Follows federal, state, and local regulations, directives, and policies relating to schools and FRYSC.							
Specific Written Facts:							
Professional Responsibilities	EX	GD	CO	AN	UN	NA	NO
26. Demonstrates a basic commitment to professional growth by participating in professional meetings and workshops.							
Specific Written Facts:				1	·	·•	
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27. Appropriately utilizes information from professional growth experiences.							
Specific Written Facts:							
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28. Recruits volunteers as needed to accomplish the objectives of the program.							
Specific Written Facts:							
29. Seeks additional funding resources to assist in							
implementing the program. Specific Written Facts:			<u> </u>			L	
Specific Wither Labor							

Professional Responsibilities	EX	GD	CO	AN	UN	NA	NO
30. Adheres to accepted policies of the Mercer County							
Board of Education and SBDM Councils							
Specific Written Facts:							
31. Recognizes the importance of public relations by							
supporting the principal, the staff, and the educational							
program before the public.							
Specific Written Facts:							
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32. Effectively interprets district philosophy and policies							
to staff and public. Specific Written Facts:							
Specific Written Facis.							
33. Disseminates information about the FRYSC program							
and activities to the students and staff; School Board							
and school staff; community based organizations,							
business and industry and the general public.							
Specific Written Facts:							

SUMMARY OVERALL EVALUATION RATING (CHECK ONE)

□ Excellent	□ Competent	□ Unsatisfactory
🗖 Good	□ Assistance Needed	Not Applicable
		\Box Not Observed

MAJOR STRENGTHS OF EMPLOYEE ARE:

MAJOR AREAS OF CONCERN ARE:

PERFORMANCE GOAL:

(To be established if the evaluator determines the need as a result of the evaluation. To be completed by date mutually agreed upon by the evaluator and the employee.)

STAFF MEMBER SIGNATURE

EVALUATOR'S SIGNATURE

DISTRIBUTION:

Original to Central Office (For Personnel File) Copy to Staff Member Copy to Evaluator DATE

DATE