## UNION COUNTY EDUCATIONAL SERVICES COMMISSION ANNUAL EVALUATION FOR SAFETY AND SECURITY MONITORS 2022-2023 SCHOOL YEAR

Name:	Date:			
School/Department:	<b>Evaluator:</b>			
CODE: S = SATISFACTORY SI = SUGGESTE	ED IMPROVEMENT UN = UNSA	ATISF.	ACTO	RY
Proficiency in assisting the classroom teacher management and supervision of students, clear environment which is conducive to learning		S	SI	UN
2. Maintenance of ongoing communication with	classroom teacher			
3. Participation in ongoing self-evaluation of pe				
4. Assistance in providing an atmosphere to pro				
5. Acts as a positive role model in the classroon	n, hallways etc.			
6. Ability to work in harmony with students, factorial administrators	culty, parents, coworkers and			
7. Attendance at meetings and special programs	as required			
8. Conforming to all published school policies, employees' attendance, work invoices, confid supervision of students and safety.				
9. Performance of other duties as required				
Personal Illness Personal Family Illness  COMMENTS:				
*Please be advised that your attendance record w performance review. A written statement regardit to your APR report maintained in the Personnel Off	ng your attendance will be shared	with y	ou and	l attach
Signature of Evaluator Date  There read this document and underste	Signature of Paraprofessional		Date	

I have read this document and understand a copy will be placed in my personnel file. Signature implies only that the staff member has read this document.