



EMPLOYEE'S FULL NAME				LICENSE				FILE NUMBER							
EMPLOYEE'S COMPLETE HOME ADDRESS (Number and Street)						APT.NO		EMPLOYEE ID NUMBER							
CITY			STATE		ZIP CODE			TENURED		PROBATIONER	SUBSTITUTE				
CURRENT SALARY RATE		FOR PROBATIONERS: Date of Appointment			Jarema Credit		N.Y.S. Tenure Credit (Max 1 year)		Date of Completion of Probation						
ISC/CFN SCHOOL				BOROUGH				DISTRICT							
Printed as of	FIRST YEAR				SECOND YEAR				THIRD YEAR				DAYS IN C.A.R.	OR BORROWED DAYS	SUBSTITUTE SERVICE NO. OF DAYS.
	TIMES NO.	TIME LOST			TIMES NO.	TIME LOST			TIMES NO.	TIME LOST					
LATENESS*		DAYS	HRS	MIN		DAYS	HRS	MIN		DAYS	HRS	MIN			
ABSENCE* <small>Exclude non-Attendance</small>															

*NOTE: For reports on probationers, complete 1 to 3 years as applicable. For all other personnel use "First Year" to denote current year.

SECTION 1 - REPORT BY PRINCIPAL OR OTHER APPROPRIATE SUPERVISOR

COMMENTS (as checked, "S" indicates Satisfactory, "U" Unsatisfactory, "T" Doubtful-first year probation only, "NA" Not Applicable)	S	U	ADDITIONAL COMMENTS
A. PERSONAL AND PROFESSIONAL QUALITIES			
1. Attendance and punctuality			
2. Personal appearance			
3. Voice, speech and use of English			
4. Professional attitude and professional growth			
5. Sympathetic understanding of children			
6. Resourcefulness and initiative			
B. GUIDANCE ACTIVITIES			
1. Individual counseling with pupils			
2. Group counseling with pupils			
3. Individual staff development with teachers			
4. Group staff development with teachers			
5. Individual consultation with parents			
6. Group consultation with parents			
7. Preparation, maintenance and use of guidance materials			
8. Participation in school activities			
9. Participation in community activities			
10. Agency referrals			
C. GUIDANCE OFFICE MANAGEMENT			
1. Appearance and organization of office			
2. Records and reports			
3. Effective scheduling of time			
D. INTERPERSONAL RELATIONSHIPS			
1. Rapport with pupils			
2. Maintenance of good relations with teachers and with supervisors			
3. Effort to establish and maintain good relationships with parents			
4. Relationships with other pupil personnel workers			
E. ADDITIONAL REMARKS (additional sheets, signed and acknowledged may be attached):			

SECTION 2 - PERFORMANCE EVALUATION

OVERALL EVALUATION S, U, or T (T for first year probation only) <input style="width: 40px; height: 20px;" type="text"/>	SIGNATURE OF PRINCIPAL (If other, give title) _____	ACKNOWLEDGEMENT BY EMPLOYEE I have received this report on: _____
For the period: From _____ to _____	_____ DATE	_____ DATE SIGNATURE OF EMPLOYEE

SECTION 3 - TO BE COMPLETED ONLY FOR PROBATIONARY PERSONNEL

A. RECOMMENDATION BY PRINCIPAL OR OTHER APPROPRIATE SUPERVISOR: To be completed and forwarded to the Superintendent or, for City District employees, to the responsible Superintendent.	
1. I recommend approval for continued probationary service. 2. I recommend certification of completion of probation.	3. I recommend discontinuance of probationary service. 4. I recommend denial of certification of completion of probation.
SIGNATURE OF PRINCIPAL (If other, give title) _____ DATE _____	
B. SUPERINTENDENT'S RECOMMENDATION: To be completed by Superintendent and returned to originating unit for employee's acknowledgement.	
I recommend _____	
SIGNATURE OF SUPERINTENDENT _____ DATE _____ (If other, give title)	
C. ACKNOWLEDGEMENT BY PROBATIONARY EMPLOYEE	
SIGNATURE OF EMPLOYEE _____ I RECEIVED THIS REPORT ON: DATE _____	

SECTION 4 - DOCUMENTATION

All recommendations for discontinuance or denial of certification must be accompanied by copies of substantiating documentation attached hereto, including, but not limited to, observation reports, letters, time cards or time sheets, or other relevant material.

Item No.	Date	Description or Identification	Key

NOTE: If space is insufficient to list all documentation, listing on additional sheets may be attached. If there are continuation sheets check here: Number of additional sheets:

RULES AND INSTRUCTIONS

1. For Satisfactory (S), Adverse (U or T), and Continued Service/Completion of Probation for Probationers Evaluations, prepare **three copies** as follows:
 - a. Copy #1 to employee.
 - b. Copy #2 to school file.
 - c. Copy #3 to Superintendent.
2. For all Unsatisfactory (U) rated employees mail a copy of the completed and signed performance rating form with associated documentation to the Director, Office of Salary Services, Division of Human Resources, 65 Court Street, Room 815, Brooklyn, New York 11201 and to the Director, Office of Appeals and Reviews, 65 Court Street, Room 717, Brooklyn, New York 11201.
3. For recommendations for Discontinuance or Denial for Probationers, prepare **five copies** along with **five sets of supporting documentation** as follows:
 - a. Copies #1,2 & 3 as listed in Rule 1.
 - b. Copy #4 to the Office of Appeals & Reviews, 65 Court Street, Room 717, Brooklyn, NY 11201.
 - c. Copy #5 to the Office of Salary Services, Division of Human Resources, 65 Court Street, Room 815, Brooklyn, New York 11201.
4. All employees have the right to submit written comments concerning each of these evaluation reports. For an appeal of an adverse evaluation, see below:
 - a. Appeal must be made in writing to the Director, Office of Appeals & Reviews, 65 Court Street, Room 717, Brooklyn, NY 11201 within 3 weeks after receipt of adverse evaluation (excluding summer vacation).