CHICOPEE PUBLIC SCHOOL
Chicopee, Massachusetts

AIDE EVALUATION FORM

NAME OF AIDE _____**SCHOOL**_____

ROOM ASSIGNMENT _____

1. <u>TO BE COMPLETED BY CLASSROOM TEACHER AND/OR PRINCIPAL</u>

	Satisfactory	**Unsatisfactory**
Attitude toward suggestions and work	○	○
Ability to work with children	○	○
Ability to cooperate with teacher	○	○
Enthusiasm	○	○
Punctuality	○	○
Communication Skills	○	○
Attendance	○	○

2. COMMENTS Teacher and / or Principal and / or Program Director
Exceptional qualities, skills and talents as well as problem areas
Should be noted in this section

Teacher _____ Date_____

Principal _____ Date_____

3. <u>RECOMMENDATION FOR EMPLOYMENT</u>

Yes_____ No_____

Program Director / Designee_____ Date_____

4. AIDE _____ Date_____