



# SCHOOL DISTRICT OF FLAGLER COUNTY Comprehensive Appraisal Form Summary

## School Social Worker

Name: \_\_\_\_\_ Position: \_\_\_\_\_

School/Dept: \_\_\_\_\_ School Year \_\_\_\_\_ Social Security \_\_\_\_\_

Formative Evaluation \_\_\_\_\_

Summative Evaluation \_\_\_\_\_

### 1. Planning/Preparation

Unsatisfactory 1  Needs Improvement 2  Satisfactory 3  Very Effective 4  Outstanding 5

### 2. Climate / Learning Environment

Unsatisfactory 1  Needs Improvement 2  Satisfactory 3  Very Effective 4  Outstanding 5

### 3. Administration / Management

Unsatisfactory 1  Needs Improvement 2  Satisfactory 3  Very Effective 4  Outstanding 5

### 4. Assessment / Evaluation

Unsatisfactory 1  Needs Improvement 2  Satisfactory 3  Very Effective 4  Outstanding 5

### 5. Intervention / Direct Services

Unsatisfactory 1  Needs Improvement 2  Satisfactory 3  Very Effective 4  Outstanding 5

### 6. Collaboration

Unsatisfactory 1  Needs Improvement 2  Satisfactory 3  Very Effective 4  Outstanding 5

### 7. Staff Development

Unsatisfactory 1  Needs Improvement 2  Satisfactory 3  Very Effective 4  Outstanding 5

### 8. Professional Responsibilities

Unsatisfactory 1  Needs Improvement 2  Satisfactory 3  Very Effective 4  Outstanding 5

**Subtotal Score for Service Categories 1-8**

(Maximum score is 32)

Unsatisfactory 8-12  Needs Improvement 13-20  Satisfactory 21-28  Very Effective 29-32

Recommended for re-appointment:  Yes  No

The evaluation has been discussed with me:  Yes  No

Recommended for: CC

PSC

AC

\_\_\_\_\_  
Signature of Evaluatee / Date

\_\_\_\_\_  
Signature of Evaluator / Date



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School/Dept: \_\_\_\_\_ School Year \_\_\_\_\_ Social Security \_\_\_\_\_

Formative Evaluation \_\_\_\_\_

Summative Evaluation \_\_\_\_\_

Comments of the Evaluatee: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Comments of the Evaluator: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The evaluation has been discussed with me:  Yes  No

\_\_\_\_\_  
Signature of Evaluatee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Evaluator

\_\_\_\_\_  
Date