

SCHOOL DISTRICT OF GADSDEN COUNTY

CERTIFICATION SPECIALIST

PERFORMANCE APPRAISAL

Name _____ Position _____

School / Dept. _____ School Year _____

1. SERVICE DELIVERY

Category Definitions

1. Renew professional teaching certificates on-line with Department of Education (DOE).
2. Update personal information on-line at DOE.
3. Track certification areas to be renewed.
4. Design and prepare Substitute Certificates.
5. Design and prepare non-degree Vocational Certificates.
6. Keep eligible substitute teacher listing current.
7. Maintain, calculate, and evaluate inservice / college courses for renewal of professional certificates.
8. Maintain and disseminate information regarding requirements for substitute and professional certificates.
9. Maintain and disseminate information relative to inservice and certification procedures and requirements.
10. Track and notify employees and administrators of expiring certificates.
11. Input and maintain computerized records of inservice activity for professional certificate renewal.
12. Design and distribute certificate renewal applications.
13. Receive and record payments for substitute, vocational and professional teaching certificates.
14. Track and maintain ESOL and Clinical Educator trained personnel.
15. Arrange and record fingerprint interviews.
16. Conduct inquiries, research and maintain fingerprint records.
17. Transcribe Criminal History Review committee findings and recommendations.
18. Maintain records of university interns, their school sites and dates of placement.
19. Process inservice requests.
20. Assist with scheduling and arrangements for inservice activities.
21. Process travel vouchers.
22. Catalog and dispense Staff Development training materials.
23. Design and process inservice forms.
24. Arrange accommodations for inservice consultants.
25. Schedule, arrange, and set up rooms for training activities as directed by Supervisor.

Source Code (circle choices)

- | | | | | | |
|-------------------------------|-------------------------|---------------------------|---|-----------------------|--------------------------|
| A. Behavioral Event Interview | B. Direct Documentation | C. Indirect Documentation | D. Training Programs Competency Acquisition | E. Evaluatee Provided | F. Confirmed Observation |
|-------------------------------|-------------------------|---------------------------|---|-----------------------|--------------------------|

Rating Code (circle one)

- | | | | | |
|----------------|-------------------|-----------|----------------|-------------|
| Unsatisfactory | Needs Improvement | Effective | Very Effective | Outstanding |
|----------------|-------------------|-----------|----------------|-------------|

CERTIFICATION SPECIALIST (Continued)

2. EMPLOYEE QUALITIES / RESPONSIBILITIES

Category Definitions

- 26. Keep current on all rule changes and other information relative to certification and staff development.
- 27. Perform duties as receptionist for department.
- 28. Duplicate materials as needed.
- 29. Order and maintain supplies as needed.
- 30. Type and mail communiqués as directed by Supervisor.
- 31. Perform all other typing and clerical duties as indicated by Supervisor.
- 32. Maintain confidentiality of employee and department matters.
- 33. Maintain effective communications with District personnel and the public.
- 34. Keep immediate supervisor informed about potential problems or unusual events.

Source Code (circle choices)

- | | | | | | |
|--------------------------------------|--------------------------------|----------------------------------|--|------------------------------|---------------------------------|
| A. Behavioral Event Interview | B. Direct Documentation | C. Indirect Documentation | D. Training Programs Competency Acquisition | E. Evaluatee Provided | F. Confirmed Observation |
|--------------------------------------|--------------------------------|----------------------------------|--|------------------------------|---------------------------------|

Rating Code (circle one)

- | | | | | |
|-----------------------|--------------------------|------------------|-----------------------|--------------------|
| Unsatisfactory | Needs Improvement | Effective | Very Effective | Outstanding |
|-----------------------|--------------------------|------------------|-----------------------|--------------------|

3. SYSTEM SUPPORT

Category Definitions

- 35. Maintain, copy and distribute the Master Inservice Plan.
- 36. Maintain, copy and distribute the Professional Orientation Plan.
- 37. Maintain, copy and distribute the Human Resource Management Development Program.
- 38. Maintain applicable budgets.
- 39. Process inservice points to and from other districts.
- 40. Complete records and reports accurately and efficiently
- 41. Demonstrate support for the School District's goals and priorities.
- 42. Perform other duties as assigned.

Source Code (circle choices)

- | | | | | | |
|--------------------------------------|--------------------------------|----------------------------------|--|------------------------------|---------------------------------|
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|--------------------------------------|--------------------------------|----------------------------------|--|------------------------------|---------------------------------|

Rating Code (circle one)

- | | | | | |
|-----------------------|--------------------------|------------------|-----------------------|--------------------|
| Unsatisfactory | Needs Improvement | Effective | Very Effective | Outstanding |
|-----------------------|--------------------------|------------------|-----------------------|--------------------|

CERTIFICATION SPECIALIST (Continued)

4. WORKSITE SERVICE STANDARDS

Control Dimension

Student growth and achievement, the work ethic, fostering and developing professional image, collaboration and affirmative networking, systemic and systematic preparation for function delivery, interpersonal interaction, teammanship and communication skills, translating organizational purpose into observable behavior and others.

(Special Note)

An effective or higher rating is required in this job context category in order to be eligible for an overall effective or higher rating.

Source Code (circle choices)

- | | | | | | |
|--------------------------------------|--------------------------------|----------------------------------|--|------------------------------|---------------------------------|
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|--------------------------------------|--------------------------------|----------------------------------|--|------------------------------|---------------------------------|

Rating Code (circle one)

- | | | | | |
|-----------------------|--------------------------|------------------|-----------------------|--------------------|
| Unsatisfactory | Needs Improvement | Effective | Very Effective | Outstanding |
|-----------------------|--------------------------|------------------|-----------------------|--------------------|

5. ASSESSMENT AND OTHER SERVICES

Control Dimension

The use of the adopted performance appraisal system for instructional and other employees.
The accurate and timely filing of all school reports.
The completion of required professional development services.

(Special Note)

An effective or higher rating is required in this job context category in order to be eligible for an overall Effective or higher rating.

Source Code (circle choices)

- | | | | | | |
|--------------------------------------|--------------------------------|----------------------------------|--|------------------------------|---------------------------------|
| A. Behavioral Event Interview | B. Direct Documentation | C. Indirect Documentation | D. Training Programs Competency Acquisition | E. Evaluatee Provided | F. Confirmed Observation |
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Rating Code (circle one)

- | | | | | |
|-----------------------|--------------------------|------------------|-----------------------|--------------------|
| Unsatisfactory | Needs Improvement | Effective | Very Effective | Outstanding |
|-----------------------|--------------------------|------------------|-----------------------|--------------------|

CERTIFICATION SPECIALIST (Continued)

OVERALL RATING: (enter total scores)

Input from parents and teachers was collected and analyzed in preparation of this report.

Unsatisfactory _____ Needs Improvement _____ Effective _____ Very Effective _____ Outstanding _____

Comments of the Evaluatee:

This evaluation has been discussed with me: Yes _____ No _____

Signature of Evaluatee **Date**

Comments of the Evaluator:

Signature of Evaluator **Date**