

**NATCHITOCHEs PARISH SCHOOL SYSTEM**  
**Non-Instructional Personnel Evaluation Form**  
 (Counselor, Social Workers, Nurses)

NAME \_\_\_\_\_ EXPERIENCE \_\_\_ 0 \_\_\_ 1-3 \_\_\_ 4+  
 POSITION \_\_\_\_\_ DAYS ABSENT \_\_\_\_\_ TOTAL OBSERVATIONS \_\_\_\_\_

SUMMARY NARRATIVE (MANDATORY)	
<b>I. PLANNING</b>	Satisfactory      Unsatisfactory
<b>II. MANAGEMENT</b>	Satisfactory      Unsatisfactory
<b>III. PERFORMANCE RESPONSIBILITIES (from job description)</b>	Satisfactory      Unsatisfactory
<b>IV. SELF EVALUATION PLAN</b>	Satisfactory      Unsatisfactory
<b>V. INTENSIVE ASSISTANCE PLAN:      YES      NO</b>	

The evaluatee \_\_\_\_\_ is \_\_\_\_\_ is not recommended for continued employment.

My signature indicates that I have read the results of the evaluation; however, it does not necessarily indicate agreement or disagreement with the results.

\_\_\_\_\_  
 EVALUATEE

\_\_\_\_\_  
 DATE

\_\_\_\_\_  
 EVALUATOR

\_\_\_\_\_  
 DATE