

SCOTLAND COUNTY SCHOOLS

Performance Appraisal

Behavior Support Liaison

Name: _____

Place of Service: _____

1. Behavioral Support

- A. Assists teachers in development of behavioral strategies/interventions
- B. Assists teachers in development of FBA/BIP
- C. Provides direct service to students as needed

Comments:

| | | |
|----------------|-------------|----------------|
| Above Standard | At Standard | Below Standard |
| | | |

2. Communication

- A. Parents
- B. School-site administrators
- C. Special/general education teachers
- D. Other service providers

Comments:

| | | |
|----------------|-------------|----------------|
| Above Standard | At Standard | Below Standard |
| | | |

3. Supervision

- A. Effectively supervises and guides assigned behavioral support assistants
- B. Effectively supervises students within Behavior Support classroom.

Comments:

| | | |
|----------------|-------------|----------------|
| Above Standard | At Standard | Below Standard |
| | | |

4. Documentation

- A. Maintains appropriate documentation of interventions/strategies
- B. Maintains appropriate documentation of communications
- C. Provides documentation on designated due dates

Comments:

| | | |
|----------------|-------------|----------------|
| Above Standard | At Standard | Below Standard |
| | | |

Evaluator's Summary:

Behavior Support Liaison's Comments:

Evaluator's Signature

Date: _____

Behavior Support Liaison's Signature

Date: _____

Signature indicates that the written evaluation has been seen and discussed.