

NON TEACHING PROFESSIONAL RATING FORM

PDE 82-3 (12/14)

Last Name	First	Middle
District/LEA	School	
Rating Date	Evaluation (Check One)	<input type="checkbox"/> Periodic <input type="checkbox"/> Semi-annual <input type="checkbox"/> Annual

(A) Non Teaching Professional Observation and Practice

Domain	Title	*Rating* (A)	Factor (B)	Earned Points (A x B)	Max Points
I.	Planning & Preparation		25%		0.75
II.	Educational Environment		25%		0.75
III.	Delivery of Service		25%		0.75
IV.	Professional Development		25%		0.75
(1) Non Teaching Professional Observation and Practice Rating					3.00

Domain Rating Assignment 0 to 3 Point Scale (A)	
Rating	Value
Failing	0
Needs Improvement	1
Proficient	2
Distinguished	3

(B) Student Performance/Multiple Measures - Building Level Data

Building Level Score (0 - 107)	
(2) Building Level Score Converted to 3 Point Rating	

(C) Non Teaching Professional Effectiveness Rating - All Measures

Measure	Rating (C)	Factor (D)	Earned Points (C x D)	Max Points
(1) Observation and Practice Rating		80%		2.4000
(2) Building Level Rating (or substitute)*		20%		0.6000
Total Earned Points (truncated to two decimal places)				3.00

Conversion to Performance Rating	
Total Earned Points	Rating
0.00 - 0.49	Failing
0.50 - 1.49	Needs Improvement
1.50 - 2.49	Proficient
2.50 - 3.00	Distinguished
Performance Rating	

* Substitutions permissible pursuant to 22 Pa. Code §19.3(IV)(g).

Rating: Professional Employee, OR
 Rating: Temporary Professional Employee

I certify that the above-named employee for the period beginning _____ and ending _____ has received a performance rating of:

(month/day/year) (month/day/year)

Distinguished
 Proficient
 Needs Improvement
 Failing

resulting in a final rating of:

Satisfactory
 Unsatisfactory

A performance rating of Distinguished, Proficient or Needs Improvement shall be considered satisfactory, except that the second Needs Improvement rating issued by the same employer within 10 years of the first final rating of Needs Improvement where the employee is in the same certification shall be considered unsatisfactory. A rating of Failing shall be considered unsatisfactory.

_____ Date
 _____ Designated Rater / Position:
 _____ Date
 _____ Chief School Administrator

I acknowledge that I have read the report and that I have been given an opportunity to discuss it with the rater. My signature does not necessarily mean that I agree with the performance evaluation.

_____ Date
 _____ Signature of Employee