EVALUATION INSTRUMENT

BEHAVIOR INTERVENTIONIST

BEHAVIOR INTERVENTIONIST ____________________________________________

EVALUATION PERIOD _______________________________________________

DATE OF EVALUATION _______________________________________________

EVALUATION COMPLETED BY ___________________________________________

Evaluator – Please put a checkmark on the continuum for each descriptor. (Space is Provided at the end of form for any additional comments.)

1. The Behavior Interventionist can be located in an expedient manner.
   1  2  3  4  5
   Never  Sometimes  Always

2. The Behavior Interventionist responds to critical situations as soon as possible.
   1  2  3  4  5
   Never  Sometimes  Always

3. The Behavior Interventionist helps children to identify behaviors and learn coping skills to manage their behaviors.
   1  2  3  4  5
   Never  Sometimes  Always

4. The Behavior Interventionist uses cooperation and communication skills when involved with a student and other school professionals.
   1  2  3  4  5
   Never  Sometimes  Always

5. The Behavior Interventionist assists other school personnel when appropriate, (Ex. nurse, counselor, and psychologist).
   1  2  3  4  5
   Never  Sometimes  Always
6. The Behavior Interventionist builds relationships by having positive contacts with students when possible.

   1  2  3  4  5
   Never Sometimes Always

7. The Behavior Interventionist serves as a member of a conference or staffing team when requested.

   1  2  3  4  5
   Never Sometimes Always

8. The Behavior Interventionist volunteers ideas to help students be more successful in the classroom.

   1  2  3  4  5
   Never Sometimes Always

9. The Behavior Interventionist maintains accurate records and reports of job activity(ies) for principals and appropriate central office personnel.

   1  2  3  4  5
   Never Sometimes Always

10. The Behavior Interventionist assists teachers and school personnel in completing documentation for each student. (Ex. Intervention forms)

    1  2  3  4  5
    Never Sometimes Always

COMMENTS: ________________________________________________________________

___________________________________________________________________________

___________________________________________________________________________

___________________________________________________________________________

Evaluator ___________________________ Employee ___________________________

Date ______________ Date ______________

Retain copy for your records and return original copy to Lynnae Harvey at Central Office.