

LAS CRUCES PUBLIC SCHOOLS HEAD
START HOME VISITOR EVALUATION

NAME. _____ LOCATION: _____

DATE. _____

1 = Unsatisfactory 2 = Needs Improvement 3 = District Standards 4 = Outstanding N/O = Not Observed

Note. All items marked at Level 1 or 2 require a growth plan.

	1	2	3	4	N/O
1. Adheres to contracted work hours. Arrives to work site on time.					
2. Schedules weekly home visits with Head Start families.					
3. Develops weekly lesson plans which reflect:					
a. Child growth and development.					
b. Individualization					
c. Integration of all component areas.					
d. Parent participation in planning and evaluating lesson.					
4. Screens 3 year old Head Start children accurately for possible developmental delays and follows up on assessment if any cautions or delays are noted in a timely manner.					
5. Develops and implements family and child goals (Individual Child Plan) with parents.					
6. Assists with the referrals of families to in-house personnel or community resources as needs arise.					
7. Assists with the monitoring and completion of required medical and dental exams.					
8. Completes required documentation accurately and in a timely manner					
a. Time sheet/log of visits					
b. Socialization log					
c. Cooking log					
d. Parent Meeting log					
e. Professional log					
9. Plans with Home Based Facilitator monthly socialization experiences.					
10. Attends required orientation meetings, staff meetings and other required trainings, such as conferences, workshops, CDA classes, etc...					
11. Communicates effectively both verbally and in writing.					
12. Displays a desire to work with children and parents.					
13. Works as a member of a team by:					
a. Planning and/or sharing activities with other team members.					
b. Participating in keeping office environment clean and organized.					
c. Respecting other team members and cooperating with a positive attitude.					
14. Performs tasks without direct supervision.					

ADDITIONAL SUGGESTIONS/RECOMMENDATIONS:

_____ Evaluator's Signature	_____ Title	_____ Date
--------------------------------	----------------	---------------

_____ Evaluator's Signature	_____ Title	_____ Date
--------------------------------	----------------	---------------

I have read this evaluation and have been afforded the opportunity to discuss it with the evaluators.

_____ Employee's Signature	_____ Title	_____ Date
-------------------------------	----------------	---------------