

2/2011

Name: \_\_\_\_\_  
School: \_\_\_\_\_  
Year: \_\_\_\_\_

1 – **Satisfactory** – consistently performed at a competent level  
2 – **Not Satisfactory** – serious deficiencies exist in this area  
N/A – **Not Applicable**

CARBON COUNTY SCHOOL DISTRICT NO.2  
EVALUATION OF  
**PARENT/SCHOOL COORDINATOR**

- |  |      |      |        |
|--|------|------|--------|
| 1. Helped increase commitment and participation by parents in the education success of their children.   | 1___ | 2___ | N/A___ |
| 2. Helped enhance communication between the school, parents and the community.   | 1___ | 2___ | N/A___ |
| 3. Helped form an active Parent-Teacher Organization (PTO).  | 1___ | 2___ | N/A___ |
| 4. Helped with participation in intervention activities, arranged parent/community meetings, scheduled tutorial sessions, and helped supervise after school computer labs and other activities/duties as needed. | 1___ | 2___ | N/A___ |
| 5. Position requires effective communication and organizational skills and the ability to work with others.  | 1___ | 2___ | N/A___ |

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Each of the undersigned has reviewed this evaluation. Each understands that each item will become part of the personnel record. It is further understood that refusal to sign does not prevent the inclusion of this document in the personnel file.

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/School Coordinator

\_\_\_\_\_  
Signature of Supervisor