

Please refer to Circular 0139/2006 for further information

Appendix 2 - SNA Assessment Form (Sample)

Form SNA ASS Page 1 of 2

This form is to be retained by the School Authority

Name:_____

PART 1

PPS No.:		
School Name:		
School Address:		
School Roll No Period Covered by this Assessment: Date of Assessment Meeting:		
PART 2		
	Satisfactory	Unsatisfactory
1. Attendance: (if unsatisfactory give details)		
	Satisfactory	Unsatisfactory
2. Conduct: (If unsatisfactory give details)		
	Satisfactory	Unsatisfactory
Level to which duties have been performed (if unsatisfactory give details)		

	Satisfactory	Unsatisfactory
4. Overall Rating of Performance		

Р	Δ	R٦	ΓЗ

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The content of this form has been discussed with the Special Needs Assistant.				
Signed by:	_(SNA)			
Date:	-			
Signed by:	_(Principal)			
Date:				

Note

An overall rating of unsatisfactory will result in the deferral of the award of an increment.

In the case of an unsatisfactory rating <u>Form DEF-INC</u> should be completed and returned to the Payroll Service of the Department of Education and Science/VEC

Completed forms should be returned as follows:

In the case of a SNA employed in a Primary, Secondary, Community or Comprehensive School: SNA Payroll Division, Dept. of Education & Science, Cornamaddy, Athlone, Co. Westmeath.

In the case of a SNA employed in a Vocational School or Community College to The CEO of the Vocational Educational Committee by which the SNA is employed.