

Cape Girardeau Public School District No. 63
Stipend Evaluation Review

(To be completed by immediate supervisor)

It is essential that you thoroughly review the contents of this questionnaire and complete the sections below. This is not a performance appraisal for the individual, but a review of the content and accuracy of this questionnaire.

- A. What do you consider the most important responsibilities of this stipend position?
- B. What do you see as the key end results of this position?
- C. What would you recommend as an appropriate stipend amount?
- D. Comment on the accuracy and completeness of this questionnaire. Add any items that will make the questionnaire more complete.

___Approved ___Disapprove _____
Immediate Supervisor Date

___Approved ___Disapprove _____
Principal (if different from supervisor) Date

CAO Use Only

___Approved ___Disapprove _____
Superintendent Date

Amount Approved: _____ Start Date: _____