**DEMANDE DE RENOUVELLEMENT DE CONTRAT AED**

**Document à remettre aux CPE**

**NOM et Prénom :** \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ **Quotité de service actuelle:** \_ \_ \_ \_ %

Je sollicite pour l'année scolaire prochaine un renouvellement de contrat : 🞏 OUI 🞏 NON

**Si oui, quotité de service souhaitée :** ………….%

 🞏 Externat 🞏 Internat 🞏 Mixage

**Lettre de motivation à l'attention du chef d'établissement :** (ou à joindre en document dactylographié)

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**Grille d'autoévaluation ( estimez votre travail de 1 à 4, - 4 étant le maximum) :**

|  |  |  |
| --- | --- | --- |
| **Critère d'évaluation** | **Autoévaluation** | **Avis des C.P.E** |
| **1** | **2** | **3** | **4** | **1** | **2** | **3** | **4** |
| Aide au travail |  |  |  |  |  |  |  |  |
| Animation |  |  |  |  |  |  |  |  |
| Assiduité, ponctualité |  |  |  |  |  |  |  |  |
| Connaissance des procédures  |  |  |  |  |  |  |  |  |
| Tâches administratives  |  |  |  |  |  |  |  |  |
| Posture avec les élèves |  |  |  |  |  |  |  |  |
| Sens de l'initiative |  |  |  |  |  |  |  |  |

**Points forts :**

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**Compétences à améliorer :**

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**Propositions d’amélioration du service (fonctionnement équipe, animation, autres) :**

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**Projet professionnel :**

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**Avis des C.P.E.**

🞏 Accord pour maintien dans l'établissement

🞏 Accord pour modification de la quotité de service

Appréciations générale : \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_

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**Décision du chef d'établissement :**

Accord pour maintien dans l'établissement oui 🞏 non 🞏

Accord pour modification de la quotité de service oui 🞏 non 🞏

**Noms et signatures :**

L'Assistant(e) d'Education: Le/La C.P.E. : Le Chef d'Etablissement

À Toucy, le \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_