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| Educator—Name/Title: |  |

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| Primary Evaluator—Name/Title: |  |
|  |  |
| Supervising Evaluator (if any) – Name/Title/ Role in Evaluation: |  | |

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| School(s): |  |

Current Plan:  Self-Directed Growth Plan  Directed Growth Plan

Developing Educator Plan  Improvement Plan

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| **Progress Toward Goals**  *Rationale, evidence, and feedback for improvement.*  *Attach additional pages as needed.* | Did Not Meet | Some Progress | Significant Progress | Met | Exceeded |
| **Student Learning Goal(s):** |  |  |  |  |  |
| **Professional Practice Goal(s):** |  |  |  |  |  |

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| Educator—Name/Title: |  |

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| **Performance on Standards**  *Rationale, evidence, and feedback for improvement.*  *Attach additional pages as needed.* | | | Unsatisfactory | | Needs Improvement | Proficient | Exemplary |
| **I: Curriculum, Planning, & Assessment** | | |  | |  |  |  |
| **II: Teaching All Students** | | |  | |  |  |  |
| **III: Family Engagement** | | |  | |  |  |  |
| **IV: Professional Culture** | | |  | |  |  |  |
| **Overall Performance Rating** | | |  | |  |  |  |
| **Plan Moving Forward** | | | | | | | |
| Self-Directed  Growth Plan | Directed  Growth Plan | Improvement  Plan | | Developing Educator  Plan | | | |

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| Signature of Evaluator |  | Date Completed: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Signature of Educator\* |  | Date Received: |  |

\*Signature of the educator indicates acknowledgement of this report; it does not necessarily denote agreement with the contents of the report. Educators have the opportunity to respond to this report in writing and may use the Educator Response:

| **Educator Response** |
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