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| Educator—Name/Title: |       |

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| Primary Evaluator—Name/Title:  |       |
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| 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-DirectedGrowth Plan | [ ]  Directed Growth Plan | [ ]  Improvement Plan | [ ]  Developing Educator Plan |

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| Signature of Evaluator |       | Date Completed: |       |

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| 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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|       |