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| **Educator Response Form** | **Massachusetts Department of Elementary and Secondary Education Logo** |

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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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|       |

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| School(s):  |       |

**Response to: (check all that apply)**

[ ]  Educator Plan, including goals and activities

[ ]  Evaluator collection and/or analysis of evidence

[ ]  Formative Assessment or Evaluation Report

[ ]  Summative Evaluation Report

|  |  |
| --- | --- |
| [ ]  Other: |       |

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| **Educator Response***Attach additional pages as needed.* |
|       |

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| --- | --- | --- | --- |
| Signature of Educator |       | Date: |       |

|  |  |  |  |
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| Signature of Evaluator |       | Date |       |

[ ]  Attachment(s) included