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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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| 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

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| 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