|  |
| --- |
|  |

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

Check one:

[ ]  **Formative Assessment:** For educators on plans that are *one year or less in duration*, a Formative Assessment occurs mid-way through a cycle and provides an opportunity for evaluators to assess progress toward goals and practice in the Standards without rating performance.

[ ]  **Formative Evaluation:** For educators on *2-year self-directed growth plans*, Formative Evaluations take place at the end of Year 1, at which point evaluators assess goal progress and provide formative ratings on performance in each of the four Standards and overall. Formative ratings may default to the prior Summative Evaluation Ratings unless significant evidence demonstrates otherwise.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Progress Toward Goals***Describe current level of progress and feedback for improvement. Attach additional pages as needed.* | Not Started | Progressing | Met | Exceeded | Did Not Meet |
| **Student Learning Goal(s):** | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| **Professional Practice Goal(s):**      | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |

|  |  |
| --- | --- |
|  | Formative Evaluation Only |
|  | [ ]  Same ratings as prior Summative Evaluation; no comments needed.**[ ]** Different ratings from prior Summative Evaluation; comments required. |
| **Performance on Standards***Describe performance 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**      | [ ]  | [ ]  | [ ]  | [ ]  |

|  |  |  |  |
| --- | --- | --- | --- |
| 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** |
| --- |
|       |