**NAME of EVALUATEE: SUBJECT:**

PRIME EVALUATOR (PRINCIPAL or DESIGNEE):

**SCHOOL:**

**SCHOOL YEAR:**

**OBJECTIVE:**

| **TEACHER ASSESSMENT** | **PROFESSIONAL DEVELOPMENT TEAM COMMENTS** |
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| **TEACHER ASSESSMENT** | **PROFESSIONAL DEVELOPMENT TEAM COMMENTS** |
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**SIGNATURES OF PROFESSIONAL DEVELOPMENT TEAM MEMBERS:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**NAME SIGNATURE**

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**NAME SIGNATURE**

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**NAME SIGNATURE**

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**NAME SIGNATURE**

The evaluation has been reviewed and discussed by the evaluatee and the evaluator and other designated persons.

**EVALUATOR’S COMMENTS:**

**For permanent staff mark one of the evaluation options below for the next evaluation cycle.**

* **Recommended for Option 2 (Streamlined)**
* **Recommended for Option 1 (Non-streamlined)**

If recommended for Option 1, must state areas in need of improvement and suggestions on how to do so below.

The performance of the evaluatee is

\_\_\_\_\_\_\_\_Satisfactory

\_\_\_\_\_\_\_\_Unsatisfactory\*

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Signature of Evaluatee\*\* Date

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Signature of Principal of Designee (Evaluator) Date

* Complete page 6a if unsatisfactory

\*\*The evaluatee’s signature does not necessarily constitute agreement with the evaluator’s comments.