

Self-Assessment Form

Complete

Educator—Last Name:

First Name:

Primary Evaluator—Name/
Title:

Supervising Evaluator, if any
—Name/Title/Role in
evaluation:

School(s):

Part 1: Analysis of Student Learning, Growth, and Achievement

Briefly summarize areas of strength and high-priority concerns for students under your responsibility for the upcoming school year. Cite evidence such as results from available assessments. This form should be individually submitted by educator, but Part 1 can also be used by individuals and/or teams who jointly review and analyze student data.

Team, if applicable:

List Team Members below:

Part 2: Assessment of Practice Against Performance Standards

Citing your district's performance rubric, briefly summarize areas of strength and high-priority areas for growth. Areas may target specific Standards, Indicators, or Elements, or span multiple Indicators or Elements within or across Standards. The form should be individually submitted by educator, but Part 2 can also be used by teams in preparation for proposing team goals.

Team:

List Team Members:

Signature of Educator

Date of Educator Signature

Signature of Evaluator

Date of Evaluator Signature

Form Owner Signature

Signature

Digitally Sign

Educator Response

Signature

Digitally Sign