

PTS Teacher Exemplary or Proficient Formative - Moderate to High Growth- Year 2 of 2 > WH-Ed Eval-Tchr Sum Eval (by <Primary Evaluator>) (Read-only)

Teacher Summative Evaluation Report Form

Whitman-Hanson Regional School District

Educator Name:

Emp ID#:

Title:

Date:

Primary Evaluator Name:

Primary Evaluator Title:

Supervising Evaluator (if any) Name/Title/Role:

School(s):

Current Plan:

Progress Toward Student Learning/Team Goal(s)

Progress made on learning goals:

Select:					
	Did Not Meet	Some Progress	Significant Progress	Met	Exceeded

Rationale, evidence, and feedback for improvement on learning goals:

Progress Toward Professional Practice Goal(s)

Progress made on professional goals:

Select:					
	Did Not Meet	Some Progress	Significant Progress	Met	Exceeded

Rationale, evidence, and feedback for improvement on professional goals:

Rating on Each Standard

I. Curriculum, Planning, and Assessment

Select:				
	Unsatisfactory	Needs Improvement	Proficient	Exemplary

i. Rationale, evidence, and feedback for improvement:

II. Teaching All Students

Select:				
	Unsatisfactory	Needs Improvement	Proficient	Exemplary

ii. Rationale, evidence, and feedback for improvement:

III. Family, Community, and Engagement

Select:				
	Unsatisfactory	Needs Improvement	Proficient	Exemplary

iii. Rationale, evidence, and feedback for improvement:

IV. Professional Culture

Select:				
	Unsatisfactory	Needs Improvement	Proficient	Exemplary

iv. Rationale, evidence, and feedback for improvement:

Overall Performance Rating

Rating

Select:				
	Unsatisfactory	Needs Improvement	Proficient	Exemplary

Rating rationale, evidence, and feedback for improvement:

Plan Moving Forward

Plan:

Signature of Educator

Date Completed

Signature of Evaluator

Date Received

Form Owner Signature

Signature

Educator Response

Signature