

SCHOOL YEAR: 20____ - 20____

SUMMATIVE EVALUATION RATING

(check one):

____ Satisfactory

____ Unsatisfactory

PROFESSIONAL STAFF EVALUATION REPORT

Directions:

- 1. Follow the attached guidelines.**
- 2. This form must be submitted for the final Summative Evaluation rating accompanied by a narrative statement.**

NAME OF EMPLOYEE *(PRINT OR TYPE)*

TITLE OF POSITION

LOCATION/DEPARTMENT

FULL-TIME OR PART-TIME

NAME OF APPRAISER *(PRINT OR TYPE)*

TITLE OF POSITION

ASSESSMENT APPROACH USED:

SIGNATURE OF EMPLOYEE*

SIGNATURE OF APPRAISER

DATE OF POST-CONFERENCE

***THIS SIGNATURE INDICATES THAT THE REPORT WAS RECEIVED & REVIEWED. IT DOES NOT NECESSARILY DENOTE AGREEMENT. EMPLOYEE COMMENTS MAY BE MADE ON AN ADDITIONAL PAGE AND ATTACHED.**