

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.**