# SUMMATIVE EVALUATION FORM

**Licensed Faculty Member**: _____ **Grade Level**: _____ **Subject**_____

**Status: Temporary** ☐ **Contract Year 1** ☐ **Contract Year 4** ☐

**Administrator**: _____ **School:**_____

**Date(s) of Informal Classroom Observations:** _____, _____, _____, _____

**Date(s) of Formal Classroom Observations:** _____, _____, _____, _____

**I = Ineffective D = Developing E = Effective M = Model NO = Not Observed**

| **Domain I: Curriculum, Pedagogy and Child Development** | **I** | **D** | **E** | **M** | **NO** |
|---|---|---|---|---|---|
| A. Knowledge of curriculum | | | | | |
| B. Knowledge of pedagogy | | | | | |
| C. Knowledge of child development | | | | | |

**Comments:**

| **Domain II: Classroom Environment** | **I** | **D** | **E** | **M** | **NO** |
|---|---|---|---|---|---|
| A. Learner differences | | | | | |
| B. Learning environment | | | | | |
| C. Promoting equity and appreciation of diversity | | | | | |
| D. Creating personalized classroom communities | | | | | |
| E. Managing student behavior | | | | | |
| F. Parent/family engagement | | | | | |

**Comments:**

**I = Ineffective D = Developing E = Effective M = Model NO = Not Observed**

| **Domain III: Instructional Practice and Learner Development** | **I** | **D** | **E** | **M** | **NO** |
|---|---|---|---|---|---|
| A. Communicating with students | | | | | |
| B. Instructional strategies | | | | | |
| C. Using assessment to advance instruction | | | | | |
| D. Documentation of student growth | | | | | |

**Comments:**

| **Domain IV: Professional Culture** | **I** | **D** | **E** | **M** | **NO** |
|---|---|---|---|---|---|
| A. Reflection and continuous growth | | | | | |
| B. Collaboration and leadership | | | | | |
| C. Demonstrating professionalism | | | | | |

**Comments:**

**Overall Rating, Commendations and Recommendations:**

**Ineffective** ☐ **Developing** ☐ **Effective** ☐ **Model** ☐

**Proceed to: Professional Development Growth Plan** ☐ **OR Intensive Support Plan** ☐

This evaluation has been discussed between the principal/administrator and the licensed faculty member.

The licensed faculty member has attached comments to this evaluation: Yes ☐ No ☐

_____ _____ _____
Licensed Faculty Member Principal/Administrator Date Signed

Copy to licensed faculty member, copy to local school working file, original to Human Resources/personnel file