Teacher Summative Performance Report

Directions: This form is completed by the primary evaluator. A teacher's Overall Performance Category Rating is based upon a combination of a teacher's Professional Practice Rating. Complete each step using the provided matrixes for reference. A printed report from the state or district-approved document management system duplicating this information may be printed and attached to the form in lieu of completing page one. This document will remain on file at the district office and the Principal's personnel file.

Teacher/Staff: **School Year:** **School:**

Select or write the rating for each measure. Add the rating score for each measure and divide by 4 to get the Summative Rating Score. Use the chart below to determine the Summative Ranking based on the Summative Rating Score.

Measure 1: Planning	Select the rating
Measure 2: Environment	Select the rating
Measure 3: Instruction/Delivery of Services	Select the rating
Measure 4: Professional Responsibility	Select the rating
Summative Rating Score: *(Add measures 1 - 4 and divide by 4)*	

Rating Values: 0 - INEFFECTIVE 1 - DEVELOPING 2 - ACCOMPLISHED 3 - EXEMPLARY

Check the overall Summative Ranking based on the Summative Rating Score.

Summative Ranking

- Ineffective (0 - 0.9)
- Developing (1.0 - 1.49)
- Accomplished (1.5 - 2.49)
- Exemplary (2.5 - 3.0)

Professional Growth Goal (PGG) requirements

- Met
- Not met
- Met, but would like to continue working on this goal for the next school year.

GROWTH PLAN AND CYCLE - *Refer CEP for determination*

Up to 12-month Improvement Plan

One-Year Cycle – Directed Growth Plan

Three-Year Cycle –Self-Directed Growth Plan

EVALUATION SUMMARY

Recommended for continued employment

Recommended for placement on a Corrective Action Plan (One or more standards are ineffective or two or more standards are developing.)

Recommended for Non-Renewal (Failure to make progress on a CAP, or consistently performs below standards or in a manner inconsistent with the professional code of ethics.).

Overall Summative Rating

Overall Evaluation Summary Criteria

Ineffective	Developing	Accomplished	Exemplary

_____ _____

Evaluator's Signature/Date **Employee's Signature/Date**

Print Evaluator's Name _____ Print Employee's Name _____

Evaluator's Signature _____ Employee's Signature _____

(Signature denotes receipt of the summative evaluation, not necessarily agreement with the contents of the form.)

Date: _____ Date: _____

The evaluatee may submit a written statement in response to the summative rating and the response will be included in the official personnel record. **(Initial one box below)**

____ **I AGREE** with this summative assessment form and **I WILL NOT submit** a written statement within five (5) working days of signing and dating.

____ **I DISAGREE** with this summative assessment form and **I WILL submit** a written statement within five (5) working days of signing.