Smithton Community Consolidated School District No. 130

Licensed Teacher - Summative Evaluation and Final Rating Document

Part 1: Demographics

Name: _____

Position: _____

Grade & Subject, if applicable _____

Status ☐ **Tenured** ☐ **Non-Tenured**

Formal Observation

Date(s) of Pre-Observation Conference(s): _____

Date(s) of Formal Observation(s): _____

Date(s) of Post-Observation Reflection Conference(s): _____

Informal Observation

Date(s) of Informal Observation(s): _____

Mid-Point Reflection

Date Mid-Point Reflection Completed: _____

Final Rating

Date of Summative Evaluation Conference: _____

Professional Practice Rating (70%) _____

Student Growth Rating (30%) _____

The overall SUMMATIVE evaluation rating for this evaluation cycle is:

☐ Excellent ☐ Proficient ☐ Needs Improvement ☐ Unsatisfactory

_____

Signature of Evaluator Date

_____

Signature of Teacher* Date

**My signature indicates that I have received a copy of the Summative Evaluation and Final Rating Document but does not indicate my agreement or disagreement with the conclusions.*