

# Alden-Hebron District 19 Evaluation Summary Sheet

Name:

School Year:

<h2 style="margin: 0;">Professional Practice</h2>	
Pre-Conference Date:	Post-Conference Date:
Informal Observation Date:	Formal Observation Date:
Overall Rating for Professional Practice:	
Signature indicates that the above requirements have been fulfilled and that the evaluator has assigned an overall rating in Professional Practice.	
_____	_____
Teacher Signature	Evaluator Signature

<h2 style="margin: 0;">Student Growth</h2>	
SLO Approval Date:	MAP Goals Approval Date:
Midpoint Check Date: (indicate if any revisions were made at check point)	
Type I Assessment Data Score:	Type III Assessment Data Score:
Overall Student Growth Score:	
Year Student Growth Data Collected:	
Signature indicates that the above requirements have been fulfilled and that the evaluator has assigned an overall rating in Student Growth.	
_____	_____
Teacher Signature	Evaluator Signature