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| **Educator Information** | | **Planning Information** | |
| **Teacher Name:** |  | **School:** |  |
| **Academic Year:** |  | **Grade Level:** |  |
| **Date of Meeting:** |  | **Subject :** |  |
| **Evaluator Name:** |  | **Interval of Instruction:** | **Yearlong Semester Quarter** |

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| **Type of Assessment (I, II or II)** |  |
| Share evidence from at least two data points to prove students working towards achieving the learning objective. |  |
| Describe any adjustments that need to be made at this point. Include any of the following:   * Under or overestimating student growth * Change in the student population-moving in and out of the school * Student with non-attendance issues * Change in a student’s IEP, 504 plan, or low-income status   Change in post-assessment |  |
| Approximate date for summary meeting: |  |

Teacher Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Evaluator Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_