

EVALUATION SELECTION FORM

To be on file for each certificated staff

Date: _____
(school year)To: _____
(staff – print/type) _____
(building/department)From: _____
(principal/administrator)Subject: **Annual Evaluation**

As per our conversation on _____, you are placed on:

TPEP EVALUATIONS:*This includes PE Teachers.*

- A. **Comprehensive Evaluation Process**
- B. **Focused Evaluation Process**

TRADITIONAL SUPPORT EVALUATIONS:*ESA's, Counselor, Librarian, TOSA, Instructional Coaches, SLP, OT, PT, Psych, ALE, Intervention, Nurse, Code.org, Title 1 Facilitator, Cultural Specialist, Elementary Specialist.*

- A. **Traditional Evaluation Process - Long Form**
- B. **Traditional Evaluation Process - Short Form**
- 1 - **Short Form 1:**
One 30 minute observation with a written summary.
- 2 - **Short Form 2:**
* At least two observations (without a written summary) totaling 60 minutes.
* A final written evaluation completed at the end of the school year.
- 3 - **Short Form 3:**
Professional Growth Option with Intent to Participate.

Evaluators' Signature_____
Staff Signaturecc: Human Resources
Building File