

PERFORMANCE APPRAISAL ANNUAL SUMMATIVE RATING SY

Annual summative form used for special education assessors and assessors speech/language.

Program Area: Special Education Teacher

DISTRICT:

SCHOOL:

EDUCATOR'S NAME:

SOCIAL SECURITY NUMBER:

CHECK LEVEL:

Provisional Year 1

Provisional Year 2

PGP Year 1

PGP Year 2

PGP Year 3

CURRENT SUBJECT/GRADE LEVEL: /

SUPERVISOR'S NAME:

CONFERENCE DATES: , , , ,

	Professional Performance Elements	Meets	Does not meet
1.	Educational Assessment (Critical)		
2.	Collaboration (Critical)		
3.	Interpreting/Synthesizing Assessments (Critical)		
4.	Program Responsibilities (Critical)		
5.	Promoting Diversity and Equity (Critical)		
6.			

FINAL ANNUAL RATING (check one):

Acceptable

Unacceptable

SIGNATURE OF EDUCATOR:

DATE:

SIGNATURE OF EVALUATOR:

DATE:

Comments: