**Appendix D: Teacher- Summative Evaluation Form**

**Harlan County Schools**

**Teacher Summative Evaluation**

**Directions:** This form is completed by the primary evaluator. A teacher’s Overall Performance Category Rating is based upon a combination of a teacher’s Professional Practice Rating and the Student Growth Rating. Complete each step using the provided matrixes for reference.

**Teacher:** Click here to enter text. **School Year:** Click here to enter text. **School:** Click here to enter text.

|  |
| --- |
| ***Professional Practice Rating* : Assign a rating to each domain comments may also be included** |

**Measure 1: Planning and Preparation**

Choose a rating

**Measure 2: Classroom Environment**

Choose a rating

**Measure 3: Instruction**

Choose a rating

**Measure 4: Professional Responsibility**

Choose a rating

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| ***Using the decision matrix: Choose an Overall Professional Practice Rating*** |

**Overall Summative Rating**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Evaluator Comments\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Evaluator’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Teacher’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Evaluator’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Teacher’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Signature denotes receipt of the summative evaluation, not

agreement necessarily with the contents of the form.)

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The evaluatee has five days from receipt of the summative evaluation to request that a rebuttal/explanation be attached to the summative evaluation and/or to file a written appeal with the district Superintendent.