

# Administrator Annual Summative Evaluation (Short Form)

Name of Administrator:

Date:

Job Title/Building:

Name of Evaluator:

**Administrator Professional Learning Goals:**

**Indicators of Progress:**

**Administrator Reflection:**

**Supervisor Reflection:**

**Future Consideration:**

**Evidence of Critical Artifacts**

Yes

No

**Meets the Iowa Standards and Criteria for School Leaders**

Yes

No

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Administrator's Signature

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Date

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Evaluator's Signature

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Date