



Teacher Summative Evaluation (Short Form)

Teachers Name:

Evaluation Date:

Evaluator:

Grade/Subject:

Building:

Type of Review:

Teacher Professional Learning Goals:
Indicators of Progress:
Teacher Reflection:
Administrator Reflection:
Administrator Reflection:
Future Consideration:

Check One:

Yes	No	
		Evidence of District Required Artifacts
		Meets the College Community Teaching Standards and Criteria

Signatures:

Teacher Signature

Date

Administrator Signature

Date