SUMMATIVE EVALUATION – TEACHER /SISP

1. EDUCATOR: _____ SUMMATIVE EVALUATION YEAR: _____

PRIMARY EVALUATOR: _____ SUPERVISING EVALUATOR (IF ONE): _____

OVERALL SUMMATIVE EVALUATION RATING: ❒ Exemplary ❒Proficient ❒ Needs Improvement ❒ Unsatisfactory

Professional Practice Goal		**Progress toward Goal Attainment**	❒ Exceeded goal ❒ Met goal ❒ Sufficient progress ❒ Insufficient progress ❒ No Progress
Student Learning Goal		**Progress toward Goal Attainment**	❒ Exceeded goal ❒ Met goal ❒ Sufficient progress ❒ Insufficient progress ❒ No Progress

2. **PP = professional practice; SL = student learning; IP1 = improvement goal 1; IP2 = improvement goal 2

Standard 1 Evidence	**Standard 1 Rating: ❒ E ❒ P ❒ N ❒ U**	**Ed. Plan Goals****			
Observations – see reports for details		**PP**	**SL**	IP1	IP2

Standard 2 Evidence	**Standard 2 Rating: ❒ E ❒ P ❒ N ❒ U**	**Ed. Plan Goals****			
Observations – see reports for details		**PP**	**SL**	IP1	IP2

3. **Feedback on Standards 1 & 2 for Professional Practice and/or Student Learning Goals for Next Educator Plan**

Standard 1:	**Standard 2:**

SUMMATIVE EVALUATION – TEACHER /SISP

4. **PP = professional practice; SL = student learning; IP1 = improvement goal 1; IP2 = improvement goal 2

Standard 3 Evidence	Standard 3 Rating: ❒ E ❒ P ❒ N ❒ U	Ed. Plan Goals**			
		PP	SL	IP1	IP2

Standard 4 Evidence	Standard 4 Rating: ❒ E ❒ P ❒ N ❒ U	Ed. Plan Goals**			
		PP	SL	IP1	IP2

5. Feedback on Standards 3 & 4 for Professional Practice and/or Student Learning Goals for Next Educator Plan

Standard 3:	Standard 4:

6. Resulting Educator Plan for Educators with Professional Teacher Status

- ❒ Self-Directed Growth Plan: Formative Evaluation Date: _____ Summative Evaluation Date:
- ❒ Directed Growth Plan: Formative Assessment Date: _____ Summative Evaluation Date:
- ❒ Improvement Plan: Formative Assessment Date: _____ Summative Evaluation Date: _____

7. Resulting Educator Plan for Educators without Professional Teacher Status

- ❒ Developing Educator Plan: Formative Evaluation Date: _____ Summative Evaluation Date: _____
- ❒ Recommended for Professional Teacher Status: Must be at least proficient on all four standards. [See guidance.]

8. Signature of Evaluator _____ Date Completed: _____

Signature of Educator* _____ Date Received: _____

* Signature of the educator indicates acknowledgment of this report; it does not necessarily denote agreement with the contents of the report. Educators have the opportunity to respond to this report in writing and may use the Educator Report Form. The educator shall have the opportunity to respond in writing to the summative evaluation as per 603 CMR 35.06(6).

SUMMATIVE EVALUATION – ADMINISTRATOR

1. EDUCATOR: _____ SUMMATIVE EVALUATION YEAR: _____

PRIMARY EVALUATOR: _____ SUPERVISING EVALUATOR (IF ONE): _____

OVERALL SUMMATIVE EVALUATION RATING: ❒ Exemplary ❒Proficient ❒ Needs Improvement ❒ Unsatisfactory

Professional Practice Goal		**Progress toward Goal Attainment**	❒ Exceeded goal ❒ Met goal ❒ Sufficient progress ❒ Insufficient progress ❒ No Progress
Student Learning Goal		**Progress toward Goal Attainment**	❒ Exceeded goal ❒ Met goal ❒ Sufficient progress ❒ Insufficient progress ❒ No Progress

2. **PP = professional practice; SL = student learning; IP1 = improvement goal 1; IP2 = improvement goal 2

Standard 1 Evidence	Standard 1 Rating: ❒ E ❒ P ❒ N ❒ U	Ed. Plan Goals**			
Observations – see reports for details		PP	SL	IP1	IP2

Standard 2 Evidence	Standard 2 Rating: ❒ E ❒ P ❒ N ❒ U	Ed. Plan Goals**			
Observations – see reports for details		PP	SL	IP1	IP2

3. Feedback on Standards 1 & 2 for Professional Practice and/or Student Learning Goals for Next Educator Plan

Standard 1:	Standard 2:

SUMMATIVE EVALUATION – ADMINISTRATOR

4. **PP = professional practice; SL = student learning; IP1 = improvement goal 1; IP2 = improvement goal 2

Standard 3 Evidence	Standard 3 Rating: ❒ E ❒ P ❒ N ❒ U	Ed. Plan Goals**			
		PP	SL	IP1	IP2

Standard 4 Evidence	Standard 4 Rating: ❒ E ❒ P ❒ N ❒ U	Ed. Plan Goals**			
		PP	SL	IP1	IP2

5. Feedback on Standards 3 & 4 for Professional Practice and/or Student Learning Goals for Next Educator Plan

Standard 3:	Standard 4:

6. Resulting Educator Plan for Educators with Professional Teacher Status

❒ Self-Directed Growth Plan: Formative Evaluation Date: _____ Summative Evaluation Date:

❒ Directed Growth Plan: Formative Assessment Date: _____ Summative Evaluation Date:

❒ Improvement Plan: Formative Assessment Date: _____ Summative Evaluation Date: _____

7. Resulting Educator Plan for Educators without Professional Teacher Status

❒ Developing Educator Plan: Formative Evaluation Date: _____ Summative Evaluation Date: _____

❒ Recommended for Professional Teacher Status: Must be at least proficient on all four standards. [See guidance.]

8. Signature of Evaluator _____ Date Completed: _____

Signature of Educator* _____ Date Received: _____

* Signature of the educator indicates acknowledgment of this report; it does not necessarily denote agreement with the contents of the report. Educators have the opportunity to respond to this report in writing and may use the Educator Report Form. The educator shall have the opportunity to respond in writing to the summative evaluation as per 603 CMR 35.06(6).