SCHOOL YEAR: 20_____ - 20_____

SUMMATIVE EVALUATION RATING
(check one)
_____ Satisfactory _____ Unsatisfactory

PROFESSIONAL STAFF EVALUATION REPORT

Directions:
1. Follow the attached guidelines.
2. This form must be submitted for the final Summative Evaluation rating accompanied by a narrative statement.

_____ _____

NAME OF EMPLOYEE (PRINT OR TYPE) TITLE OF POSITION