**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 measure 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

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

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

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 working 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.

***IF Performance Measures… Then Summative Rating…***

**Two or more Performance Measures are rated shall be INEFFECTIVE**

**INEFFECTIVE**

**One Performance Measure is rated as shall not be any higher than ACCOMPLISHED**

**INEFFECTIVE or DEVELOPING**

**Three or more Performance Measures are shall be DEVELOPING**

**rated DEVELOPING**

**Two Performance Measures are rated shall not be any higher than ACCOMPLISHED**

**DEVELOPING, one rated ACCOMPLISHED and**

**One rated EXEMPLARY**

**(2)Classroom Environment AND (3) Instruction shall be INEFFECTIVE are rated INEFFECTIVE**

**(2)Classroom Environment OR (3) Instruction shall be DEVELOPING OR INEFFECTIVE**

**are rated INEFFECTIVE**

**(1)Planning & Preparation OR (4) Professional shall NOT be EXEMPLARY**

**Responsibilities are rated INEFFECTIVE**

**Two performance measures are rated shall be ACCOMPLISHED**

**DEVELOPING and two Performance Measures**

**are rated ACCOMPLISHED**

**Two performance measures are rated shall be ACCOMPLISHED**

**DEVELOPING and two performance measures**

**are rated EXEMPLARY**

**Two performance measures are rated shall be EXEMPLARY**

**ACCOMPLISHED and two performance**

**Measures are rated EXEMPLARY**