**Appendix O: Other Professionals Summative**

**Other Professionals Summative Evaluation**

**Directions:** This form is completed by the primary evaluator. The Overall Performance Category Rating is based upon a combination of a Professional Practice Ratings and other evidences applicable to Specialist’s job duties. Complete each step using the provided matrixes for reference.

**Specialist:** 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: Environment**

Choose a rating

**Measure 3: Delivery of Service**

Choose a rating

**Measure 4: Professional Responsibilities**

Choose a rating

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

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

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

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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 work 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.