



## Summative Evaluation Final Recommendations

Teacher's Name: \_\_\_\_\_  
School: \_\_\_\_\_  
Teaching Certificate: \_\_\_\_\_ Degrees: \_\_\_\_\_  
Teaching Experience in District: \_\_\_\_\_  
Teaching Experience (Total Years): \_\_\_\_\_  
Subject Grade(s) Teaching: \_\_\_\_\_  
Evaluator: \_\_\_\_\_  
Position: \_\_\_\_\_

### Initial Meeting and Observation Dates:

First Conference \_\_\_\_\_  
Second Conference \_\_\_\_\_  
1<sup>st</sup> Summary Evaluation Report \_\_\_\_\_  
2<sup>nd</sup> Summary Evaluation Report \_\_\_\_\_  
3<sup>rd</sup> Summary Evaluation Report \_\_\_\_\_  
4<sup>th</sup> Summary Evaluation Report \_\_\_\_\_  
5<sup>th</sup> Summary Evaluation Report \_\_\_\_\_  
6<sup>th</sup> Summary Evaluation Report \_\_\_\_\_

### Recommendation:

- ☐ The teacher engage in regular Professional and Personal Growth Plan. (Include a statement outlining reasons supporting recommendation).
- ☐ The Summative Evaluation be continued (Include a statement outlining reasons supporting recommendations)
- ☐ Termination of Contract (Include a statement outlining reasons supporting recommendations)

Teacher Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Administrator's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Attach copies of the summative Evaluation Reports and the Form – Timelines for Summative Evaluation*