

MERIDIAN SCHOOL DISTRICT NO. 505
EVALUATION REPORT – CERTIFICATED CLASSROOM TEACHER
(For Use with Short Form Evaluation)

Name _____ Evaluation Period from _____ to _____

School _____ Position _____

Pre-Observation Date(s): _____

Observation Date(s): _____ Post Observation Date(s): _____

EVALUATION SUMMARY STATEMENT

The employee and the evaluator shall sign the evaluation in acknowledgment of having reviewed the evaluation. The employee may file a written statement to accompany the evaluation in areas where there is disagreement with statements in the evaluation.

Signature of Evaluator _____ Date _____

Signature of Employee _____ Date _____

The signature of the person being evaluated does not necessarily indicate agreement with the evaluation.