



FORM 6: Final Evaluation of Professional Practice

Teacher Name: _____

Location: _____

School Year: _____

Evaluator: _____

Observation dates included in the basis of this performance evaluation:	
Formal Observation Dates:	_____
Informal Observation Dates:	_____
Teacher's Attendance:	_____
Recommendation:	_____

Domain 1 – Planning and Preparation	<input type="checkbox"/> Unsatisfactory	<input type="checkbox"/> Needs Improvement	<input type="checkbox"/> Proficient	<input type="checkbox"/> Excellent
Domain 2 – Classroom Environment	<input type="checkbox"/> Unsatisfactory	<input type="checkbox"/> Needs Improvement	<input type="checkbox"/> Proficient	<input type="checkbox"/> Excellent
Domain 3 – Instruction	<input type="checkbox"/> Unsatisfactory	<input type="checkbox"/> Needs Improvement	<input type="checkbox"/> Proficient	<input type="checkbox"/> Excellent
Domain 4 – Professional Responsibilities	<input type="checkbox"/> Unsatisfactory	<input type="checkbox"/> Needs Improvement	<input type="checkbox"/> Proficient	<input type="checkbox"/> Excellent
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Overall Rating	<input type="checkbox"/> Unsatisfactory	<input type="checkbox"/> Needs Improvement	<input type="checkbox"/> Proficient	<input type="checkbox"/> Excellent

We have conducted a conversation on the rubrics. The teacher has the right to attach written comments within (10) school days of completion of this form for inclusion in their personnel file maintained in the Human Resources Department.

Teacher Signature: _____ Date: _____

Signature indicates only that the teacher has read and understands the evaluation.

Administrator Signature: _____ Date: _____