2022-2023
Evaluation Cover Sheet

Employee Name: _____

Evaluation Date: _____

Evaluation Type (check one):
☐ Mid-Year
☐ End-of-Year

Evaluation Class (check one):
☐ Administrative
☐ Instructional

Status (check one):
☐ C - Highly Effective
☐ D - Effective
☐ E - Need Improvement
☐ F - Staff in first 3 years needs improvement and developing
☐ G - Unsatisfactory
☐ H - Was required to be evaluated but was not evaluated
☐ I - Was not required to be evaluated
☐ Z - Not instructional Staff or School Admin

Measures of Student Performance (check one):
☐ B – Exclusively (100%) on district end-of-course assessments
☐ C – Exclusively (100%) on other standardized assessments
☐ D – Exclusively (100%) on industry certification examinations
☐ E – Exclusively (100%) on measurable learning targets/student objectives
☐ F – Combination of assessments, with state the largest component
☐ G – Combination of assessments, with state not the largest component
☐ H – The classroom teacher or school administrator was not evaluated
☐ I – Combination of assessments, no state assessments
☐ J – Exclusively (100%) statewide VAM models
☐ K – Exclusively (100%) statewide assignments without VAM models
☐ Z – Not a classroom teacher or school administrator