

APPENDIX L. EVALUATION OPTION FORM

Directions: This form must be filled out, signed and distributed to each employee by that employee's evaluator no later than the first ten working days of the school year. It must be accompanied by a copy of the applicable evaluation criteria. The form must then be filled out by the employee and returned to that employee's evaluator no later than ten working days following its receipt by the employee.

Employee's Name: _____

Employee's Building and Grade Level: _____

This employee is eligible for the following (checked) evaluation options:

Provisional

Short Form

Long Form

Professional Growth Plan

The preliminary schedule for observations for this employee is:

This employee's evaluator will be: _____

This form was completed and delivered to this employee(date): _____

Evaluator's signature: _____

I elect the following evaluation options:

Provisional

Short Form

Long Form

Professional Growth Plan

Signature of employee: _____ Date: _____