

4J Annual Performance Summary

Teacher's Name _____ School _____

Grade _____ Subject _____ Administrator _____

Teacher Status: Probationary 1 2 3 Contract

As appropriate:

of Formal Observations _____ Dates _____

of Pre-conferences/Post-conferences _____ # of Informal Observations _____

Date of Goal Conference _____ Date of Final Conference _____

Standards of Performance	Supporting Comments (A narrative is required for each standard of performance)
A. Planning Meets District Standards YES <input type="checkbox"/> NO <input type="checkbox"/>	
B. Instruction Meets District Standards YES <input type="checkbox"/> NO <input type="checkbox"/>	
C. Classroom Management Meets District Standards YES <input type="checkbox"/> NO <input type="checkbox"/>	
D. Procedures Meets District Standards YES <input type="checkbox"/> NO <input type="checkbox"/>	
E. Human Relations & Communications Meets District Standards YES <input type="checkbox"/> NO <input type="checkbox"/>	

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Teacher's Name _____

Teacher's Comments

Administrator's Comments

Projected Goals for Next Year

Teacher's Signature _____ Date _____

Supervisor's Signature _____ Date _____

Original to Human Resources, Copy to Teacher, Copy to Supervisor, HR 7/04