

4J Evaluation Short Form—Contract Teachers

Educator's Name _____ School Year _____

Assignment _____ School _____

A. Pre-Assessment Conference

(4J Standards of Performance being evaluated):

Goals

Objectives

Activities (planned activities and/or procedures for achieving and assessing the goals and objectives):

The goal(s), objectives and activities listed above (and/or attached) will be used to assess my performance during this year's formal evaluation cycle. I understand that this evaluation is also based upon my licensed position description and the **Standards of Performance for District 4J Teachers**. I further understand that this document will NOT be used as a basis for adverse action or evaluation. My participation in this alternative evaluation process is voluntary.

Teacher's Signature _____ Date _____

Supervisor's Signature _____ Date _____

B. Evaluation Assessment

Based upon observations and data collection by the supervising administrator, and upon a final meeting between the above named educator and administrator, we conclude that the agreed upon evaluation goal(s), objectives and activities have been met and the **Standards of Performance for District 4J Teachers** have been achieved. (**Note:** If the employee's job performance is at question, or at the request of the employee, the supervising administrator must initiate and use the District's formal and extended evaluation procedures and documents.)

Educator's Signature _____ Date _____

Supervisor's Signature _____ Date _____

At the conclusion of the evaluation cycle, a copy of this sheet is to be attached to a completed Oregon Department of Education "Teacher Evaluation" form and sent to the Human Resources Department. Copy to Teacher, Copy to Supervisor, HR 7/04