SUMMARY EVALUATION REPORT

CLASSROOMTEACHERS

Reference District Procedure No. 7355 and

SANDIEGOUNIFIED SCHOOL DISTRICT

SANDIEGOUN	JIFIED SCHOOL DISTI	RICT					Collective	eNegotiations(Contract, Article 14
Employee Name Soc Se		Soc Sec 1	Number		Location Name		Cost Center		
			1						
Title Subject Area or Grade Level			Employee Status			If Unscheduled	l Report	Due D	ate
						Check Here			
SECTION I:	EVALUATION	COMPONENTS		If any of the evaluation components are marked "Unsatisfactory" or					
	Requires			-	-	ement," a <u>Reme</u> e completed.	diation Plan and l	Performanc	e Evaluation
Unsatisfactory	Improvement	Effective				1			
			1.	Prog	ress of stud	lents toward e	stablished stan	dards.	
			2.	Instru	actional tech	hniques and st	trategies.		
			3.	Adhe	erence to cu	urricular objec	tives.		
						nd maintenanc	e of a suitable	earning	
					onment.	non-instructio	nal duties and	esponsibil	lities.
			6.	Achi	evement of	stated objecti	ves.		
SECTION II:	COMMENTS B	Y EVALUATOR							

SECTION III:	COMPOSITE EVALUATION If marked requires improvement or unsatisfactory, a Remediation Plan and					
	Performance Evaluation Addendum must be completed.					
	Unsatisfactory		Requires Improvement		Effective	
SECTION IV:	COMMENTS BY EVA	<u>LUATEE</u> Evalua	atee may also attach additio	onal written respo	onse	
	If additional comments are attached check here \Box					

EVALUATOR & SUPERVISOR	EVALUATEE	REVIEWER	
Signature	I certify that this report has been discusse I understand my signature does not neces agreement	Signature	
Title			Title
Date	Signature White - Personnel	Date	Date
Rev. 9/98	Yellow – School/Dep	pt.	
FORM NO. DS1011	Pink – Employee		

PERFORMANCE EVALUATION ADDENDUM

San Diego Unified School District

Instructions: This form MUST be completed when elements of Section I, II and/or Section III of the Summary Evaluation Report contain an "unsatisfactory" or "requires improvement" evaluation. The Addendum should be attached to the evaluate and supervisor's copy of the Evaluation Worksheet. Should stated deficiencies not be corrected and appropriate action be required, the Addendum, together with all site or department records, will be requested by and forwarded to the Personnel Administration Department.

Employee Name

Soc. Sec. Number Location Name

Describe areas of performance considered unsatisfactory or requiring improvement

Describe specific assistance provided (include dates)

Describe results of assistance (include dates)

EVALUATOR AND SUI	PERVISOR REVIEWER	EVALUATEE			
Signature(s)	Signature	I certify that this report has been discussed with me. I unders my signature does not n indicate agreement.	stand		
Title	Title				
Date	Date	Signature	Date		