

YEAR-END SUMMATIVE REVIEW – No Later Than June 15

Teacher _____ Date _____

Evidence of student progress towards meeting goal(s) / objective(s) (bring multiple indicators to discuss the extent to which the teacher met social and emotional learning, student engagement, and/or family goal(s) / objective(s) as well as review of practice):

Reflections on effectiveness of overall performance*:

Reflections on growth in meeting standards of CCT:

***Attach relevant artifacts and data. Non-tenured teachers may refer to categories suggested on Review of Practice Form.**

Teacher Signature

Administrator Signature

Date

Supervisor's Signature (as appropriate)

Attachment F
(Tenured Teachers)

Review of Practice-Tenured Teachers Include in End of Year Conference
(Please document and describe 1 example.)

Teacher: _____ School: _____ School Year: _____

Activity: In-class visit (min. 5 minutes)	Date: _____
Coaching or mentoring	_____
Co-teaching	_____
PPT/EIT/504 or Pre-Meeting	_____
Data or DAC meeting	_____
Review of lesson plan	_____
Review of APBA	_____
Review of project	_____
Review of student outcome	_____
Leadership Team	_____
Team/curriculum meetings	_____
Presenter of workshop. IT, etc.	_____
APBA development/review	_____
CADRE	_____
Athletics Coaching/Club Advising	_____
Grants	_____
PTA/BOE Involvement	_____
Community Involvement	_____
Other (describe below):	_____

Briefly describe and reflect on your chosen activity for Review of Practice. You may continue to write on the back of this sheet and attach any relevant evidence: