

# SUMMATIVE EVALUATION – TEACHER /SISP

1. EDUCATOR: \_\_\_\_\_ SUMMATIVE EVALUATION YEAR: \_\_\_\_\_

PRIMARY EVALUATOR: \_\_\_\_\_ SUPERVISING EVALUATOR (IF ONE): \_\_\_\_\_

OVERALL SUMMATIVE EVALUATION RATING:  Exemplary  Proficient  Needs Improvement  Unsatisfactory

<b>Professional Practice Goal</b>		<b>Progress toward Goal Attainment</b>	<input type="checkbox"/> Exceeded goal <input type="checkbox"/> Met goal <input type="checkbox"/> Sufficient progress <input type="checkbox"/> Insufficient progress <input type="checkbox"/> No Progress
<b>Student Learning Goal</b>		<b>Progress toward Goal Attainment</b>	<input type="checkbox"/> Exceeded goal <input type="checkbox"/> Met goal <input type="checkbox"/> Sufficient progress <input type="checkbox"/> Insufficient progress <input type="checkbox"/> No Progress

2. \*\*PP = professional practice; SL = student learning; IP1 = improvement goal 1; IP2 = improvement goal 2

Standard 1 Evidence	Standard 1 Rating: <input type="checkbox"/> E <input type="checkbox"/> P <input type="checkbox"/> N <input type="checkbox"/> U	Ed. Plan Goals**			
Observations – see reports for details		PP	SL	IP1	IP2

Standard 2 Evidence	Standard 2 Rating: <input type="checkbox"/> E <input type="checkbox"/> P <input type="checkbox"/> N <input type="checkbox"/> U	Ed. Plan Goals**			
Observations – see reports for details		PP	SL	IP1	IP2

3. Feedback on Standards 1 & 2 for Professional Practice and/or Student Learning Goals for Next Educator Plan

<p><u>Standard 1:</u></p>          	<p><u>Standard 2:</u></p>          
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# SUMMATIVE EVALUATION – TEACHER /SISP

4. \*\*PP = professional practice; SL = student learning; IP1 = improvement goal 1; IP2 = improvement goal 2

Standard 3 Evidence	Standard 3 Rating: <input type="checkbox"/> E <input type="checkbox"/> P <input type="checkbox"/> N <input type="checkbox"/> U	Ed. Plan Goals**			
		PP	SL	IP1	IP2

Standard 4 Evidence	Standard 4 Rating: <input type="checkbox"/> E <input type="checkbox"/> P <input type="checkbox"/> N <input type="checkbox"/> U	Ed. Plan Goals**			
		PP	SL	IP1	IP2

### 5. Feedback on Standards 3 & 4 for Professional Practice and/or Student Learning Goals for Next Educator Plan

<p><b>Standard 3:</b></p>          	<p><b>Standard 4:</b></p>          
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### 6. Resulting Educator Plan for Educators with Professional Teacher Status

- Self-Directed Growth Plan: Formative Evaluation Date: \_\_\_\_\_ Summative Evaluation Date: \_\_\_\_\_
- Directed Growth Plan: Formative Assessment Date: \_\_\_\_\_ Summative Evaluation Date: \_\_\_\_\_
- Improvement Plan: Formative Assessment Date: \_\_\_\_\_ Summative Evaluation Date: \_\_\_\_\_

### 7. Resulting Educator Plan for Educators without Professional Teacher Status

- Developing Educator Plan: Formative Evaluation Date: \_\_\_\_\_ Summative Evaluation Date: \_\_\_\_\_
- Recommended for Professional Teacher Status: Must be at least proficient on all four standards. [See guidance.]

8. Signature of Evaluator \_\_\_\_\_ Date Completed: \_\_\_\_\_  
 Signature of Educator\* \_\_\_\_\_ Date Received: \_\_\_\_\_

\* Signature of the educator indicates acknowledgment of this report; it does not necessarily denote agreement with the contents of the report. Educators have the opportunity to respond to this report in writing and may use the Educator Report Form. The educator shall have the opportunity to respond in writing to the summative evaluation as per [603 CMR 35.06\(6\)](#).

# SUMMATIVE EVALUATION – ADMINISTRATOR

1. EDUCATOR: \_\_\_\_\_ SUMMATIVE EVALUATION YEAR: \_\_\_\_\_

PRIMARY EVALUATOR: \_\_\_\_\_ SUPERVISING EVALUATOR (IF ONE): \_\_\_\_\_

OVERALL SUMMATIVE EVALUATION RATING:  Exemplary  Proficient  Needs Improvement  Unsatisfactory

<b>Professional Practice Goal</b>		<b>Progress toward Goal Attainment</b>	<input type="checkbox"/> Exceeded goal <input type="checkbox"/> Met goal <input type="checkbox"/> Sufficient progress <input type="checkbox"/> Insufficient progress <input type="checkbox"/> No Progress
<b>Student Learning Goal</b>		<b>Progress toward Goal Attainment</b>	<input type="checkbox"/> Exceeded goal <input type="checkbox"/> Met goal <input type="checkbox"/> Sufficient progress <input type="checkbox"/> Insufficient progress <input type="checkbox"/> No Progress

2. \*\*PP = professional practice; SL = student learning; IP1 = improvement goal 1; IP2 = improvement goal 2

Standard 1 Evidence	Standard 1 Rating: <input type="checkbox"/> E <input type="checkbox"/> P <input type="checkbox"/> N <input type="checkbox"/> U	Ed. Plan Goals**			
Observations – see reports for details		PP	SL	IP1	IP2

Standard 2 Evidence	Standard 2 Rating: <input type="checkbox"/> E <input type="checkbox"/> P <input type="checkbox"/> N <input type="checkbox"/> U	Ed. Plan Goals**			
Observations – see reports for details		PP	SL	IP1	IP2

3. Feedback on Standards 1 & 2 for Professional Practice and/or Student Learning Goals for Next Educator Plan

<u>Standard 1:</u>	<u>Standard 2:</u>
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## SUMMATIVE EVALUATION – ADMINISTRATOR

4. \*\*PP = professional practice; SL = student learning; IP1 = improvement goal 1; IP2 = improvement goal 2

Standard 3 Evidence	Standard 3 Rating: <input type="checkbox"/> E <input type="checkbox"/> P <input type="checkbox"/> N <input type="checkbox"/> U	Ed. Plan Goals**			
		PP	SL	IP1	IP2

Standard 4 Evidence	Standard 4 Rating: <input type="checkbox"/> E <input type="checkbox"/> P <input type="checkbox"/> N <input type="checkbox"/> U	Ed. Plan Goals**			
		PP	SL	IP1	IP2

**5. Feedback on Standards 3 & 4 for Professional Practice and/or Student Learning Goals for Next Educator Plan**

<u>Standard 3:</u>	<u>Standard 4:</u>
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**6. Resulting Educator Plan for Educators with Professional Teacher Status**

- Self-Directed Growth Plan: Formative Evaluation Date: \_\_\_\_\_ Summative Evaluation Date: \_\_\_\_\_
- Directed Growth Plan: Formative Assessment Date: \_\_\_\_\_ Summative Evaluation Date: \_\_\_\_\_
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**7. Resulting Educator Plan for Educators without Professional Teacher Status**

- Developing Educator Plan: Formative Evaluation Date: \_\_\_\_\_ Summative Evaluation Date: \_\_\_\_\_
- Recommended for Professional Teacher Status: Must be at least proficient on all four standards. [See guidance.]

8. Signature of Evaluator \_\_\_\_\_ Date Completed: \_\_\_\_\_  
 Signature of Educator\* \_\_\_\_\_ Date Received: \_\_\_\_\_

\* Signature of the educator indicates acknowledgment of this report; it does not necessarily denote agreement with the contents of the report. Educators have the opportunity to respond to this report in writing and may use the Educator Report Form. The educator shall have the opportunity to respond in writing to the summative evaluation as per 603 CMR 35.06(6).