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|  | Tracy Unified School District |

**Evaluation Notification Conference**

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| **Teacher Name:** *click here to enter name* | **Probationary**  **Permanent**  **5 Year Cycle**  **Year:**Click here to enter text. |
| **Grade:** *Choose an item.* |
| **Subject:** *Click here to enter text.* |
| **Evaluator***: Click here to enter text.* | |

**The following documents shall be provided during the Conference:**

Evaluation Procedures

Evaluation Standards Evaluation Rubric

Links to District Applicable Benchmarks

<https://auth.illuminateed.com/#/0afdad7e-1b4b-48d2-b728-8e492a5be84c>

Access to Applicable State Frameworks <https://www.cde.ca.gov/ci/cr/cf/allfwks.asp>

*The Teacher is responsible to identify, develop and write acceptable performance objectives*

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| ***Observation Schedule*** | | | | |
|  | **Subject/**  **Course to be observed** | **Date** | **Time/Period** | **Location** |
| **First Interim Evaluation** | | | | |
| **Pre-Conference** |  |  |  |  |
| **Classroom Observation** |  |  |  |
| **Post-Observation Conference** |  |  |  |
| **Second Interim Evaluation** | | | | |
| **Pre-Conference** |  |  |  |  |
| **Classroom Observation** |  |  |  |
| **Post-Observation Conference** |  |  |  |
|  |  | **Date** | **Time/Period** | **Location** |
| **Final Evaluation Meeting** | (Approximately March-May) |  |  |  |