

#### **OXNARD SCHOOL DISTRICT**

# Non-Permanent Teachers

**Final Evaluation Summary Report – Cycle 1**

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| --- | --- | --- | --- | --- | --- | --- |
| Name |  | Position |  | School |  | Grade/Subject |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **CSTP Standards** | **Does Not**  **Meet Standards** | Meets or Exceeds Standards | | |
| 2. **Creating and Maintaining Effective Environments For Student Learning** | Unsatisfactory Practice  |  | | --- | |  | | Developing Practice  |  | | --- | |  | | Maturing Practice  |  | | --- | |  | | Exemplary Practice  |  | | --- | |  | |
| 4. **Planning Instruction and Designing Learning For All Students** | Unsatisfactory Practice  |  | | --- | |  | | Developing Practice  |  | | --- | |  | | Maturing Practice  |  | | --- | |  | | Exemplary Practice  |  | | --- | |  | |
| 5. **Assessing Student Learning** | Unsatisfactory Practice  |  | | --- | |  | | Developing Practice  |  | | --- | |  | | Maturing Practice  |  | | --- | |  | | Exemplary Practice  |  | | --- | |  | |

**FINAL OVERALL EVALUATION:**

**** Unsatisfactory  **** Developing **** Meets Standards **** Exemplary

**Non-Permanent Teachers**

**Summary Narrative for Cycle One**

I acknowledge that this report has been discussed with me. I understand that my signature does not necessarily indicate agreement. I also understand that I have the right to respond to this report in le writing within five days and such response will be attached to and become a permanent part thereof.

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| --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |
| Site Evaluator’s Signature |  | Date |  | Teacher’s Signature |  | Date |