

#### **OXNARD SCHOOL DISTRICT**

# Permanent Teacher Final Summary Report

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

*Permanent teacher and their evaluator shall agree upon two CSTP Standards upon which evaluation shall be based. If the unit member and evaluator are unable to agree upon two CSTP Standards, then each party shall select one CSTP Standard.*

|  |  |  |
| --- | --- | --- |
| CSTP Standard | Does Not Meet Standards | **Meets Standards** |
| **1. Engaging and Supporting all Students in Learning  N/A**🞎 | **1** | **2** | **3** | **4** |
| **2. Creating and Maintaining Effective Environments for Student Learning N/A**🞎 | **1** | **2** | **3** | **4** |
| **3. Understanding and Organizing Subject Matter for Student Learning N/A**🞎 | **1** | **2** | **3** | **4** |
| **4. Planning Instruction and Designing Learning Experiences for All Students N/A**🞎 | **1** | **2** | **3** | **4** |
| **5. Assessing Student Learning N/A**🞎 | **1** | **2** | **3** | **4** |

**FINAL OVERALL EVALUATION:**

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

**EVALUATION CYCLE:**

**** One Year Cycle (next year) **** Two Year Cycle **** Four Year Cycle

Next Evaluation Year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Referral to PAR**: Yes  No  **PIP Plan**: Yes  No 

# Summary Narrative For Final Report:

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 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 |