## **Medford Public Schools Summative Evaluation Report Form**

Educator—Name/Title:	Subject/Grade:					
Status: Non-PTS Year one Non-PTS Year two Non-PTS Year three						
Educator License for current position:   Temporary  Preliminary  Initial  Professional  None, on waiver						
Primary Evaluator—Name/Title:						
Supervising Evaluator, if any—Name/Title/Role in evaluation:						
School(s):						
Current Plan:  Self-Directed Growth Plan Developing Educator Plan	☐ Directed Growth Plan☐ Improvement Plan					
Progress Toward Student Learning Goal(s)  Attach additional pages as needed.						
☐ Did not meet ☐ Some progress ☐ Significant Progre	ess					
Rationale, evidence, and feedback for improvement:						
Progress Toward Professional Practice Goal(s)  Attach additional pages as needed.						
☐ Did not meet ☐ Some progress ☐ Significant Progre	ess					
Rationale, evidence, and feedback for improvement:						

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Educator—Name/Title:					
Rating on Each Standard					
I: Curriculum, Planning, & Assessment	☐ Unsatisfactory	☐ Needs Improvement	☐ Proficient	☐ Exemplary	
Rationale, evidence, and	feedback for impro	vement:			
II: Teaching All Students	☐ Unsatisfactory	☐ Needs Improvement	☐ Proficient	Exemplary	
Rationale, evidence, and	feedback for impro	vement:			
III: Family/Community	☐ Unsatisfactory	□ Noods Improvement	□ Proficient	□ Evomplary	
Engagement Rationale evidence and	•	Needs Improvement	☐ Proficient	☐ Exemplary	
Rationale, evidence, and feedback for improvement:					
IV: Professional Culture	☐ Unsatisfactory	☐ Needs Improvement	☐ Proficient	☐ Exemplary	
Rationale, evidence, and feedback for improvement:					

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Educator—Name/Title:					
Overall Performance Rating					
☐ Unsatisfactory	☐ Needs Improvem		ient   Exemplary		
Rationale, evidence, ar	nd feedback for improv	vement:			
Plan Moving Forward					
Self-Directed Growth Plan	☐ Directed Growth Plan	☐ Improvement Plan	<ul><li>Developing Educator</li><li>Plan</li></ul>		
The educator shall have the opportunity to respond in writing to the summative evaluation as per 603 CMR 35.06(6) on the Educator Response Form.					
Signature of Supervisir	g Evaluator	Da	ate Completed:		
Signature of Primary E	Signature of Primary EvaluatorDate Completed:		ate Completed:		
Signature of Educator*		Da	ate Received:		
*Signature of the educator indicates acknowledgement 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.