Clayton County Public Schools
Record of Submitted Evaluations

School/Location: _____ **Date Submitted**: _____

Principal/Supervisor: _____ **Signature**: _____

List names of all employees for whom evaluations are being submitted. This form must be submitted **with** evaluations.

Employee Name	Employee #	Check Below if Employee has Corrective Action Plan

List below name, employee # and reason for any missing summative assessments:

1. _____
2. _____