Original – Evaluations Office
Copy - Evaluator Copy - Evaluatee

GEORGIA LEADERSHIP EVALUATION INSTRUMENT: Annual Evaluation Summary Report

Evaluatee's Name _____
Evaluatee's ID Number _____
Position _____
School _____

Evaluator's Name _____
Evaluator's ID Number _____
Position _____
School _____

Annual Evaluation Period			
Begin		End	
Month	Year	Month	Year
Summative Conference			
Month	Day	Year	
Overall Evaluation Summary			
O Satisfactory		O Unsatisfactory	

select one →

Evaluator must write a comment for every Performance Area in which there is an assigned dimension. Attach additional sheets if more space is needed for comments. Number of attachments if any. _____	**Dimension Scores:** Circle appropriate score for each dimension.	NA = Not Assigned NI = Needs Improvement S = Satisfactory
PERFORMANCE AREA I: CURRICULUM A. Planning and implementing an appropriate curriculum B. Evaluating the curriculum or its implementation *Comments* _____	NA NI S NA NI S	
PERFORMANCE AREA II: STUDENT PERFORMANCE C. Implementing and reporting assessment program results D. Using assessment results to improve the instructional program *Comments* _____	NA NI S NA NI S	
PERFORMANCE AREA III: STAFF PERFORMANCE E. Implementing a staff performance evaluation program F. Planning appropriate staff development activities *Comments* _____	NA NI S NA NI S	
PERFORMANCE AREA IV: ACADEMIC FOCUS G. Promoting maximum use of instructional time H. Setting and enforcing high expectations for student behavior *Comments* _____	NA NI S NA NI S	
PERFORMANCE AREA V: COMMUNICATION I. Communicating effectively with professional personnel J. Communicating effectively with the public *Comments* _____	NA NI S NA NI S	
PERFORMANCE AREA VI: ORGANIZATIONAL SETTING K. Establishing an appropriate physical environment L. Using resources to enhance system goals *Comments* _____	NA NI S NA NI S	
PERFORMANCE AREA VII: COMPREHENSIVE IMPROVEMENT PLANS M. Collaboratively developing a comprehensive improvement plan N. Basing the comprehensive improvement plan on current evaluation data *Comments* _____	NA NI S NA NI S	

Select rating for each assigned dimension.

Signatures:

EVALUATEE: _____ Date: _____

EVALUATOR: _____ Date: _____

The evaluatee's signature acknowledges receipt of form, not necessarily concurrence. The evaluatee may provide written comments. Initial and date here if comments are attached. _____

Evaluatee's comments: _____

Revised 2-4-05

Original – Evaluations Office
Copy - Evaluator **Copy** - Evaluatee

Georgia Leadership Evaluation Instrument Locally Developed Practices
Administrator's Performance Objectives

Name [redacted] Location [redacted] Position [redacted]

Directions: State the objective(s). Statement must specify the level of achievement expected, strategies planned to achieve objective, completion date and the means of measuring progress and/or attainment. At the mid-year conference, the appropriate column may be used to record status, using the following symbols: **Level I – Ineffective; Level II – Needs Development; Level III – Proficient; Level IV - Exemplary**

GLEI Performance Area:	**Performance Objective (s)**	Status As of Mid-Year Conference: **Level I, II, III or IV**	Status At Summative Conference: **Level I, II, III or IV**	Comments:
[redacted]	[redacted]	[redacted]	[redacted]	
	Number of objectives vary. Complete each section			
	for each objective.			

Initials and dates for preconference, mid-year and annual summary:
Evaluatee_____/Evaluator_____/Date_____ (Pre-Conference)
Evaluatee_____/Evaluator_____/Date_____ (Mid-Year)
Evaluatee_____/Evaluator_____/Date_____ (Annual Summary)

} complete all areas

Evaluator should maintain Original copy of this form and submit it with the Annual Summary form.