

## Bartlett City Schools Summative Form

**Educator Information**

Educator Name:	
Educator License Number:	
School Location:	

**Observation Overview**

Date of Observation #1	
Date of Observation #2	
Date of Observation #3	
Date of Observation #4	
Date of Professionalism Conference	

**Achievement Measure Overview**

Selected Achievement Measure:	
Criteria 1:	
Criteria 2:	
Criteria 3:	
Criteria 4:	
Criteria 5:	

**Growth Measure Overview**

Selected Growth Measure:	
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**In Attendance at Summative Conference**

Educator Signature:	Date:
Evaluator Signature:	Date:

\*Final Achievement Scores will be released once the State data is released.

\*Final Growth Scores will be released once the State data is released.

\*Portfolio will be used as the Growth Measure instead of the self-selected Growth Measure if applicable.