

**Salinas Adult School Certificated Personnel Evaluation Record Sheet**

Name of Employee:

Employee's Position:

Department:

Site:

Employee's Employment Status:

Name of Evaluator (s):

\_\_\_\_\_ Full-time                      \_\_\_\_\_ Tenured

\_\_\_\_\_ Part-time                      \_\_\_\_\_ Probationary

Subject: \_\_\_\_\_

**Evaluate Techniques Desired (May be modified by mutual agreement during the course of the school year).**

Date:

Date:

1. Observation of Teacher by:					Orientation								
a. Director					Pre-Conference								
b. Assistant Director					Observation								
c. Administrative Coordinator					Exit Conference								
d. Other					2 <sup>nd</sup> Observation								
					Plan of Assistance								

**Notes/Comments**

2. Goals and Objectives (SAS 24)		
3. Self -Evaluation (SAS 11)		
4. Student Evaluation (SAS 25)		

<b>5. Teacher Performance Form by Coordinator (SAS 9)</b>		
<b>6. Additional Evaluation Techniques (Specify)</b> <hr/> <hr/> <hr/>		

Evaluatee's Signature \_\_\_\_\_

Evaluator (s) Signature (s) \_\_\_\_\_

Date \_\_\_\_\_

Evaluatee's Signature \_\_\_\_\_

Evaluator (s) Signature (s) \_\_\_\_\_

Date \_\_\_\_\_

Evaluatee's Signature \_\_\_\_\_

Evaluator (s) Signature (s) \_\_\_\_\_

Date \_\_\_\_\_