SUMMARY EVALUATION REPORT

CLASSROOMTEACHERS

Reference District Procedure No. 7355 and

SANDIEGOUN	IFIEDSCHOOLDIST	RICT				Collective:	Negotiations Contract, Article 14	
Employee Name		Soc Sec 1	Number	Location N	ame		Cost Center	
Title Subject Area or Grade Level			Employee Status		If Unscheduled Check Here	Report	Due Date	
SECTION I:	EVALUATIO	N COMPONENTS	"Req	If any of the evaluation components are marked "Unsatisfactory" or "Requires Improvement," a Remediation Plan and Performance Evaluation Addendum must be completed.				
Unsatisfactory	Improvement	Effective	Add	<u>endum</u> rmust (be completed.			
			1. Prog	Progress of students toward established standards.				
			2. Instr	Instructional techniques and strategies.				
			3. Adh	Adherence to curricular objectives.				
					nd maintenance	of a suitable le	earning	
				ronment. formance of	non-instruction	al duties and re	esponsibilities.	
			6. Ach	Achievement of stated objectives.				
SECTION II:	COMMENTS	BY EVALUATOR						
SECTION III:		EVALUATION If Evaluation Addend	um must be comp	•		a Remediation P	lan and	
SECTION IV:		BY EVALUATEE comments are attach	_	_	itional written re	sponse		
EVALUATOR & SUPERVISOR			EVALUATEE			R	EVIEWER	
Signature I und			y that this report has been discussed with me rstand my signature does not necessarily indicate nent			Signature		
Title						Title		
 Date		Signature	White - Pers		Date	Date		

Rev. 9/98 FORMNO.DS1011 Yellow – School/Dept. Pink – Employee

PERFORMANCE EVALUATION ADDENDUM

San Diego Unified School District

Instructions: This form MUST be completed when elements of Section I, II and/or Section III of the Summary Evaluation Report contain an "unsatisfactory" or "requires improvement" evaluation. The Addendum should be attached to the evaluate and supervisor's copy of the Evaluation Worksheet. Should stated deficiencies not be corrected and appropriate action be required, the Addendum, together with all site or department records, will be requested by and forwarded to the Personnel Administration Department.						
Employee Name	Soc. Sec. Number	Location Name				
Describe areas of performance con	nsidered unsatisfactory or requiri	ng improvement				
Describe specific assistance provi	ded (include dates)					
Describe results of assistance (inc	lude dates)					

ATTACH ADDITIONAL SHEETS IF NEEDED

EVALUATOR AND SUPERVISOR REVIEWER		EVALUATEE			
Signature(s)	I certify that this report discussed with measure indicate agreement		ne. I understand does not necessarily		
Title	Title				
Date	Date	 Signature	Date		