

Vista Unified School District
CERTIFICATED PERSONNEL EVALUATION SUMMARY

Evaluatee _____ Location _____ Assignment _____

Certificated Status: (check one) Permanent Temporary Probationary: 1st Year 2nd Year

Date: 11/20 Probationary/Temporary 3/1 Probationary/Temporary 5/1 Permanent

I. SOURCES OF DATA

II. DEGREE OF ACHIEVEMENT (Attach completed certificated goals with summary evaluation:
3/1 for Probationary/Temporary, 5/1 for Permanent)

III. INSTRUCTIONAL PERFORMANCE - (See reverse side for descriptors)

IV. GENERAL PROFESSIONAL PERFORMANCE - (See reverse side for descriptors.)

V. EVALUATEE RESPONSE:

VI. SUPERVISOR'S RECOMMENDATION: (A mark of "Requires Improvement" or "Unsatisfactory" requires the completion of a **Certificated Assistance Plan.**)

Meets or Exceeds District Requirements Requires Improvement Unsatisfactory

Signature indicates a conference was held on _____(date).

Evaluatee _____ Evaluator _____

Check if additional pages attached. Such pages should be dated and signed as above.

DISTRIBUTION OF COPIES: White - Personnel File Yellow - Evaluator Pink - Evaluatee

Board Policy 4006/Employment
4006.11 12/95 Certificated Personnel - Evaluation Summary