

**SUMMATIVE EVALUATION FORM – ADMINISTRATOR
(All Components)**

Name _____ Evaluator _____

Position _____ Date _____

School/
District _____

Component 1: Vision and Goals

Narrative:

Satisfactory

Unsatisfactory

Component 2: Culture of Learning

Narrative:

Satisfactory

Unsatisfactory

Component 3: Management

Narrative:

Satisfactory

Unsatisfactory

Component 4: Professional Responsibilities

Narrative:

Satisfactory

Unsatisfactory

Component 5: Student Improvement

Narrative:

Satisfactory

Unsatisfactory

Summary

The administrator and evaluator shall sign the Summative Evaluation Form to indicate that it has been reviewed and discussed, not that the administrator necessarily agrees with the evaluation.

Rating:

Effective Needs Improvement* Ineffective*

Improvement Plan Required for

Component 1 Component 2 Component 3 Component 4 Component 5

Administrator's
Signature _____ Date: _____

Evaluator's
Signature _____ Date: _____

My signature above means that I have reviewed the Summative Evaluation Form but that I do not necessarily agree with component ratings and/or summative evaluation rating or comments in this form. I understand that I may submit additional information on the Challenge Form within fifteen (15) calendar days of the date on which I signed this form.

* Indicates Improvement Plan is necessary