**Form D: Indian Prairie School District 204 Performance Evaluation Rating (Summative)**

Teacher: Evaluator:

School/Position: Current Tenure Status (Tenured/Non-Tenured):

Formal Observation Dates: Informal Observation Dates:

Performance Evaluation Rating Issued Date: Performance Evaluation Conference Date:

Attendance:

Performance Evaluation Rating

Excellent

Proficient

Needs Improvement

Unsatisfactory

We have conducted a conversation regardingthe position specific Indian Prairie Framework**.** The Teacher has the right to attach written comments for inclusion in his/her personnel file maintained in the Human Resources Department. This overall rating is based on Indian Prairie School District 204 Performance Evaluation Definitions and Operating Principles.

|  |  |  |  |
| --- | --- | --- | --- |
| Teacher Signature: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| *(Signature indicates only that the Teacher has received the evaluation.)* | | | |
| Evaluator Signature: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |