

COVER PAGE – CERTIFIED STAFF EVALUATION FILE UPLOAD

File Number # _____
(ex. #10176745_4)

1. EDUID of Administrator who performed evaluation: # _____

2. Region # _____

3. This evaluation file belongs to (check one):

Pupil Service Staff

Instructional Staff

4. Date of first documented observation _____

5. Date of second documented observation _____

6. Date of summative evaluation, if different from final observation _____

If either one of the required observations was not completed and/or evidence from these observations was not submitted with this file, please explain why:

7. Required measure of professional practice according to IDAPA 08.02.02.120 used to inform evaluation (please include evidence) :

Portfolio evidence ___ Parental input ___ Student input ___

Other _____

If sample evidence of the above is not included with this file, please explain why:

8. Required measurement of student achievement and/or student success indicators according to the definitions found in 33-1001 Idaho Code used to inform evaluation (please include evidence):

ISAT Scores ____ EOC Assessments ____ Student Learning Objectives ____

IRI Scores ____ AP Examination s ____ College Entrance Exam ____

504/IEP Goals ____ Behavior Improvement Goals ____

Other _____

If sample evidence of the above is not included with this file, please explain why:

9. Highest score *possible* on any component of the evaluation instrument *according to district policy*:

“3”

“4”

10. Evaluation instrument requires a rating for all 22 components of the Danielson Framework:

Yes

No

11. If evaluation instrument does not require a score for all 22 components, please explain:

12. The administrator who conducted this evaluation has completed the survey found at:
<https://www.surveymonkey.com/r/QWGXCFC>

Yes

No

13. This Cover Sheet was completed by: _____