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| Educator—Name/Title: |  |

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| Primary Evaluator—Name/Title: |  |

Supervising Evaluator, if any—Name/Title/Role in evaluation:

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| School(s): |  |

Current Plan:  Self-Directed Growth Plan  Directed Growth Plan

Developing Educator Plan  Improvement Plan

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| **Progress Toward Student Learning Goal(s)**  *Attach additional pages as needed.* | | | | |
| Did not meet | Some progress | Significant Progress | Met | Exceeded |
| Rationale, evidence, and feedback for improvement: | | | | |
| **Progress Toward Professional Practice Goal(s)**  *Attach additional pages as needed.* | | | | |
| Did not meet | Some progress | Significant Progress | Met | Exceeded |
| Rationale, evidence, and feedback for improvement: | | | | |

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| Educator—Name/Title: |  |

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| **Rating on Each Standard** | | | | |
| **I: Curriculum, Planning,**  **& Assessment** | Unsatisfactory | Needs Improvement | Proficient | Exemplary |
| Rationale, evidence, and feedback for improvement: | | | | |
| **II: Teaching All**  **Students** | Unsatisfactory | Needs Improvement | Proficient | Exemplary |
| Rationale, evidence, and feedback for improvement: | | | | |
| **III: Family & Community**  **Engagement** | Unsatisfactory | Needs Improvement | Proficient | Exemplary |
| Rationale, evidence, and feedback for improvement: | | | | |
| **IV: Professional**  **Culture** | Unsatisfactory | Needs Improvement | Proficient | Exemplary |
| Rationale, evidence, and feedback for improvement: | | | | |

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| Educator—Name/Title: |  |

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| **Overall Performance Rating** | | | | | | |
| Unsatisfactory | Needs Improvement | | | Proficient | | Exemplary |
| Rationale, evidence, and feedback for improvement: | | | | | | |
| **Plan Moving Forward** | | | | | | |
| Self-Directed  Growth Plan | | Directed  Growth Plan | Improvement  Plan | | Developing Educator  Plan | |

**The educator shall have the opportunity to respond in writing to the summative evaluation as per** [**603 CMR 35.06(6)**](http://www.doe.mass.edu/lawsregs/603cmr35.html?section=06) **on the Educator Response Form.**

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| Signature of Evaluator |  | Date Completed: |  |

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| Signature of Educator\* |  | Date Received: |  |

\* Signature of the educator indicates acknowledgement of this report; it does not necessarily denote agreement with the contents of the report. Educators have the opportunity to respond to this report in writing and may use the Educator Response Form.

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| **Summative Evaluation Report Form** | **Massachusetts Department of Elementary and Secondary Education Logo** |

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| --- | --- | --- |
| Date | Comments | Signature |
|  |  |  |