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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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|       |

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