## PART I EVALUATION YEAR THREE

2012-13 - Evaluation Code C

**Note**: Year three of the evaluation rotation will require educators show evidence of professional growth such as; convention/conference attendance, furthering education, or attending District professional development classes during the course of the three-year evaluation rotation.

| Teacher Name:                                                                                | School:                                                   |
|----------------------------------------------------------------------------------------------|-----------------------------------------------------------|
| Teaching Assignment:                                                                         |                                                           |
| PLEASE LIST AND DESCRIBE YOUR PROFESSIONA<br>provide evidence of your professional growth ac | AL GROWTH OVER THE PAST THREE YEARS: (You must tivities.) |
| 1.                                                                                           |                                                           |
|                                                                                              |                                                           |
| 2.                                                                                           |                                                           |
|                                                                                              |                                                           |
| 3.                                                                                           |                                                           |
|                                                                                              |                                                           |
| 4.                                                                                           |                                                           |
|                                                                                              |                                                           |
| Principal's Approval or Disapproval and Con                                                  | nments: (Please circle approval or disapproval)           |
|                                                                                              |                                                           |
|                                                                                              |                                                           |
|                                                                                              |                                                           |
| Teacher Signature:                                                                           | Date:                                                     |
| Principal Signature:                                                                         | Date:                                                     |

## PART II EVALUATION YEAR THREE - REVIEW

2012-13 – Evaluation Code C

PLEASE EXPLAIN HOW YOU ACCOMPLISHED YOUR PROFESSIONAL GROWTH: (This should be completed by the educator and reviewed with the administrator before April 1, 2013)

| 1.                                    |                  |                        |               |           |
|---------------------------------------|------------------|------------------------|---------------|-----------|
|                                       |                  |                        |               |           |
| 2.                                    |                  |                        |               |           |
|                                       |                  |                        |               |           |
| 3.                                    |                  |                        |               |           |
|                                       |                  |                        |               |           |
| 4.                                    |                  |                        |               |           |
|                                       |                  |                        |               |           |
| Principal's Approval or Disap         | oroval and Comme | nts: (Please circle ap | proval or dis | approval) |
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|                                       |                  |                        |               |           |
|                                       |                  |                        |               |           |
| Teacher Signature:                    |                  | Date:                  |               |           |
| Principal Signature:                  |                  | Date:                  |               |           |