

Summary Evaluation Report

SAN DIEGO UNIFIED SCHOOL DISTRICT

Employee Name	Employee ID Number	School/Location Name	Cost Center
Title Subject Area or Grade Level	Employee Status	<input type="checkbox"/> Regular Evaluation Year <input type="checkbox"/> Regular Evaluation Year (Progress Check and Remediation Plan)	<input type="checkbox"/> Special Evaluation

SECTION I: EVALUATION COMPONENTS

If any of the evaluation components are marked "Unsatisfactory" or "Requires Improvement," the requirements of section 14.6.3 (Progress Check and Remediation Plan) and/or 14.8.5 (Counseling and Assistance Plan) must be met, and a Performance Evaluation Addendum must be completed.

Unsatisfactory	Requires Improvement	Effective	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Progress of students toward established standards.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Instructional techniques and strategies.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Adherence to curricular objectives.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. Establishment and maintenance of a suitable learning environment.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. Performance of non-instructional duties and responsibilities.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. Achievement of stated objectives.

SECTION II: COMMENTS BY EVALUATOR:

SECTION III: COMPOSITE EVALUATION: If any of the evaluation components are marked "Unsatisfactory" or "Requires Improvement," the requirements of section 14.6.3 (Progress Check and Remediation Plan) and/or 14.8.5 (Counseling and Assistance Plan) must be met, and a Performance Evaluation Addendum must be completed.

Unsatisfactory Requires Improvement Effective

SECTION IV: COMMENTS BY EVALUATEE: Evaluatee may also attach additional written response
If additional comments are attached check here

EVALUATOR & SUPERVISOR	EVALUATEE	REVIEWER
_____ Signature _____ Title _____ Date	I certify that this report has been discussed with me. I understand my signature does not necessarily indicate agreement. A copy of this Summary Evaluation Report and all attached documents will be placed in your personnel file after ten (10) working days. You prepare may a response and have the response attached to this document. _____ Signature _____ Date	_____ Signature _____ Title _____ Date