

GEORGIA LEADERSHIP EVALUATION INSTRUMENT: ANNUAL EVALUATION SUMMARY REPORT

Confidential

Evaluatee's Name

Evaluator's Name

Position Title:

Position Title:

System School

System State Code	School State Code	Last 4 digits Evaluatee SSN
<input type="text"/>	<input type="text"/>	<input type="text"/>
Evaluatee's Race/Ethnicity		Sex
<input type="checkbox"/> American Indian, Alaskan Native <input type="checkbox"/> Asian, Pacific Islander <input type="checkbox"/> Black, Non-Hispanic <input type="checkbox"/> White, Non-Hispanic		<input type="checkbox"/> Hispanic <input type="checkbox"/> Multi-racial <input type="checkbox"/> M <input type="checkbox"/> F

System School

System State Code	School State Code	Last 4 digits Evaluator SSN
<input type="text"/>	<input type="text"/>	<input type="text"/>
Evaluator's Race/Ethnicity		Sex
<input type="checkbox"/> American Indian, Alaskan Native <input type="checkbox"/> Asian, Pacific Islander <input type="checkbox"/> Black, Non-Hispanic <input type="checkbox"/> White, Non-Hispanic		<input type="checkbox"/> Hispanic <input type="checkbox"/> Multi-racial <input type="checkbox"/> M <input type="checkbox"/> F

Annual Evaluation Period			
Began		Ends	
Month	Year	Month	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Summative Conference			
Month	Day	Year	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Overall Evaluation Summary			
<input type="checkbox"/> Satisfactory		<input type="checkbox"/> Unsat.	

Evaluator must write a comment for every Performance Area in which there is an assigned dimension. Attach additional sheets if more space is needed for comments. Number of attachments if any. _____

DIMENSION SCORES
Circle appropriate score for each dimension.

NA=Not Assigned
NI=Needs Improvement
S=Satisfactory

PERFORMANCE AREA I: CURRICULUM A. Planning and implementing an appropriate curriculum B. Evaluating the curriculum or its implementation Comments: _____ _____ _____	NA NI S NA NI S
PERFORMANCE AREA II: STUDENT PERFORMANCE C. Implementing and reporting assessment program results D. Using assessment results to improve the instructional program Comments: _____ _____ _____	NA NI S NA NI S
PERFORMANCE AREA III: STAFF PERFORMANCE E. Implementing a staff performance evaluation program F. Planning appropriate staff development activities Comments: _____ _____ _____	NA NI S NA NI S
PERFORMANCE AREA IV: ACADEMIC FOCUS G. Promoting maximum use of instructional time H. Setting and enforcing high expectations for student behavior Comments: _____ _____ _____	NA NI S NA NI S
PERFORMANCE AREA V: COMMUNICATION I. Communicating effectively with professional personnel J. Communicating effectively with the public Comments: _____ _____ _____	NA NI S NA NI S
PERFORMANCE AREA VI: ORGANIZATIONAL SETTING K. Establishing an appropriate physical environment L. Using resources to enhance system goals Comments: _____ _____ _____	NA NI S NA NI S
PERFORMANCE AREA VII: COMPREHENSIVE IMPROVEMENT PLANS M. Collaboratively developing a comprehensive improvement plan N. Basing the comprehensive improvement plan on current evaluation data Comments: _____ _____ _____	NA NI S NA NI S

(Signatures) EVALUATEE

DATE

EVALUATOR

DATE

Evaluatee's Comments:

The evaluatee's signature acknowledges receipt of form, not necessarily concurrence. The evaluatee may provide written comments. Initial and date here if comments are attached. _____