

GEORGIA TEACHER EVALUATION PROGRAM: ANNUAL EVALUATION SUMMARY REPORT

Teacher's Name				System				School							
System State Code		School State Code		Last 4 digits Teacher's SSN		Last 4 digits Prim. Eval. SSN		Date MO DAY YR		Evaluation Summary					
Evaluates Base Ethnicity				Teacher's Sex		Current Year Status (darken only one)									
<input type="checkbox"/> American Indian, Alaskan Native <input type="checkbox"/> Asian, Pacific Island <input type="checkbox"/> Black, Non-Hispanic <input type="checkbox"/> White, Non-Hispanic				<input type="checkbox"/> M <input type="checkbox"/> F		Teachers w/ fewer than 3 yrs. exp. <input type="checkbox"/> Stand. Yr. 1 <input type="checkbox"/> Stand. Yr. 2 <input type="checkbox"/> Stand. Yr. 3		Teachers w/ fewer than 3 yrs. exp. <input type="checkbox"/> Form. Yr. 1 <input type="checkbox"/> Form. Yr. 2 <input type="checkbox"/> Form. Yr. 3		Georgia Teacher Observation Instrument <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory <input type="checkbox"/> NA		Georgia Teacher Duties and Responsibilities Instrument <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory		Overall Evaluation Summary <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory	

**GEORGIA TEACHER OBSERVATION INSTRUMENT
SUMMARY COMMENTS**

**MARK ONLY AREAS FOR
REQUIRED PDP**

_____ _____ _____ _____ _____ _____ _____ _____ _____ _____	A. Instructional Level <input type="checkbox"/> B. Content Development <input type="checkbox"/> 1. Teacher-Focused <input type="checkbox"/> 2. Student-Focused <input type="checkbox"/> C. Building for Transfer <input type="checkbox"/>
_____ _____ _____ _____ _____ _____ _____ _____ _____ _____	A. Promoting Engagement <input type="checkbox"/> B. Monitoring Progress <input type="checkbox"/> C. Responding to Student Performance <input type="checkbox"/> D. Supporting Students <input type="checkbox"/>
_____ _____ _____ _____ _____ _____ _____ _____ _____ _____	A. Use of Time <input type="checkbox"/> B. Physical Setting <input type="checkbox"/> C. Appropriate Behavior <input type="checkbox"/>

**GEORGIA TEACHER DUTIES AND RESPONSIBILITIES INSTRUMENT
SUMMARY COMMENTS**

**IDENTIFY GTDRI AREAS
FOR REQUIRED PDP**

*(signatures)**(date signed)*

POSITION:

PRIMARY EVALUATOR: _____

DATE _____

Sign and return copy to principal's office. Signature acknowledges receipt of form, not necessarily concurrence. Written comments may be provided and/or attached. Initial and date here if comments are attached.

TEACHER: _____

DATE _____

PRINCIPAL: _____

DATE _____

Teacher's Comments: _____

