

**FORM FOR EVALUATION OF
SCHOOL ADMINISTRATORS**

**EVALUATION OF SCHOOL ADMINISTRATORS—
GCOCA-E1**



Name:		School year:	
Position:		School:	Select one
Number of years in present position:			
Total years of experience in administration:			
Percentage of time spent in administration this year:			
Total years of experience in education:			
Present teaching assignment (if any):			
Evaluator:			


A) EVALUATION CONFERENCES/VISITATIONS/REVIEW MEETING

Meeting Date	Type of Meeting	Evaluator(s)


B) PRELIMINARY MEETING — NOTES

1. Areas of performance to be reviewed
2. Data collection process/timelines
3. Evaluator comments, suggestions & recommendations

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4. Administrator comments		
_____ Administrator signature	_____ Date	
_____ Evaluator signature	_____ Date	
C) INTERIM REVIEW(S) — NOTES		
_____ Administrator signature	_____ Date	
_____ Evaluator signature	_____ Date	
D) SUMMATIVE REPORT (supporting statements and conclusions)		
1. Leadership		
2. Management		
3. Personnel		
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4. Curriculum/programs/services	
5. Communication	
6. Divisional role	
E) RECOMMENDATIONS	
F) ADMINISTRATOR COMMENTS	
G) SIGNATURES	
_____ Administrator signature	_____ Date
_____ Evaluator signature	_____ Date
_____ Superintendent signature	_____ Date
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Effective Date:
Amended Date:
Board Motion(s):
Legal/Cross Reference:

October 7, 2003
December 20, 2011
505/03; 397/11

Review Date: September 11, 2018