

**FORM FOR INTERIM EVALUATION OF
SCHOOL ADMINISTRATORS**

**INTERIM EVALUATION OF SCHOOL ADMINISTRATORS—
GCOCA-E2**

Administrator Information		
Name: _____		
School:	Select one	
Assignment:	<input type="checkbox"/> Principal <input type="checkbox"/> Vice-principal	
Evaluator: _____		
A) Evaluation Conferences/Visitations/Review Meeting		
Meeting Date	Type of Meeting	Evaluator(s)
B) Evidence of Performance & Professional Practice		
Rating scale		
1—Not evident		
2—Approaching expectations		
3—Meeting expectations		
4—Demonstrating initiative and surpassing expectations		
5—Demonstrating initiative and leadership in area		
1. Leadership	Select one	
Evidence statements:		
•		
•		
•		

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2. Management	Select one
Evidence statements:	
<ul style="list-style-type: none">•••	
3. Personnel	Select one
Evidence statements:	
<ul style="list-style-type: none">•••	
4. Curriculum/Programs/Services	Select one
Evidence statements:	
<ul style="list-style-type: none">•••	
5. Communication	Select one
Evidence statements:	
<ul style="list-style-type: none">•••	
6. Divisional Role	Select one
Evidence statements	
<ul style="list-style-type: none">•••	

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C) Recommendations	
<p>_____</p> <p>Evaluator signature</p>	<p>_____</p> <p>Date</p>
D) School Administrator Comments	
<p>_____</p> <p>—</p> <p>_____</p> <p>—</p> <p>_____</p> <p>—</p> <p>_____</p> <p>—</p> <p>_____</p> <p>—</p>	
<p>_____</p> <p>School administrator signature</p>	<p>_____</p> <p>Date</p>
<p>The school administrator's signature indicates that the report has been read but does not necessarily imply concurrence with the appraisal. The school administrator is to be provided with a copy of the signed document.</p>	
<p>Addendum attached to this report: <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	

Effective Date: October 7, 2003 Review Date: September 11, 2018
 Amended Date: December 20, 2011
 Board Motion(s): 505/03; 397/11
 Legal/Cross Reference: