

# Summative Evaluation Report Form



Educator—Name/Title: \_\_\_\_\_

Primary Evaluator—Name/Title: \_\_\_\_\_

Supervising Evaluator, if any—Name/Title/Role in evaluation: \_\_\_\_\_

School(s): \_\_\_\_\_

Current Plan:  Self-Directed Growth Plan  Directed Growth Plan  
 Developing Educator Plan  Improvement Plan

**Progress Toward Student Learning Goal(s)**  
*Attach additional pages as needed.*

Did not meet     Some progress     Significant Progress     Met     Exceeded

Rationale, evidence, and feedback for improvement:

**Progress Toward Professional Practice Goal(s)**  
*Attach additional pages as needed.*

Did not meet     Some progress     Significant Progress     Met     Exceeded

Rationale, evidence, and feedback for improvement:

Educator—Name/Title: \_\_\_\_\_

**Rating on Each Standard**

**I: Curriculum, Planning,  
& Assessment**

Unsatisfactory  Needs Improvement  Proficient  Exemplary

Rationale, evidence, and feedback for improvement:

**II: Teaching All  
Students**

Unsatisfactory  Needs Improvement  Proficient  Exemplary

Rationale, evidence, and feedback for improvement:

**III: Family & Community  
Engagement**

Unsatisfactory  Needs Improvement  Proficient  Exemplary

Rationale, evidence, and feedback for improvement:

**IV: Professional  
Culture**

Unsatisfactory  Needs Improvement  Proficient  Exemplary

Rationale, evidence, and feedback for improvement:

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Educator—Name/Title: \_\_\_\_\_

Overall Performance Rating			
<input type="checkbox"/> Unsatisfactory	<input type="checkbox"/> Needs Improvement	<input type="checkbox"/> Proficient	<input type="checkbox"/> Exemplary
<u>Rationale, evidence, and feedback for improvement:</u>			
Plan Moving Forward			
<input type="checkbox"/> Self-Directed Growth Plan	<input type="checkbox"/> Directed Growth Plan	<input type="checkbox"/> Improvement Plan	<input type="checkbox"/> Developing Educator Plan

The educator shall have the opportunity to respond in writing to the summative evaluation as per [603 CMR 35.06\(6\)](#) on the Educator Response Form.

Signature of Evaluator \_\_\_\_\_ Date Completed: \_\_\_\_\_

Signature of Educator\* \_\_\_\_\_ Date Received: \_\_\_\_\_

\* Signature of the educator indicates acknowledgement of this report; it does not necessarily denote agreement with the contents of the report. Educators have the opportunity to respond to this report in writing and may use the Educator Response Form.

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Date	Comments	Signature