

**BOYLE COUNTY SCHOOLS
SUMMATIVE EVALUATION FORM
CERTIFIED EMPLOYEES**

(This summarizes all the evaluation data including formative data, products and performances, evaluation folder materials, professional development activities, conferences and other documentation.)

Evaluatee _____ Position _____

Evaluator _____ Location _____

Performance Measure	Ratings (Ineffective, Developing, Accomplished, Exemplary)
Planning	
Environment	
Instruction	
Professionalism	
Overall	

Individual professional growth plan reflects a desire/ need to acquire further knowledge/ skills in the performance measure checked below:

1. ____ 2. ____ 3. ____ 4. ____

Evaluator's comments: _____

Evaluatee's comments: _____

To be signed after all information above has been completed and discussed.

Evaluatee's Signature _____ Date _____

Evaluator's Signature _____ Date _____

- Signature does not signify agreement, but that the observation findings have been discussed with the evaluatee by the evaluator
- *Opportunities for appeal processes at both the local and state levels are a part of Boyle County Public Schools evaluation plan. Certified employees must make their appeals to this summative evaluation within the time frames, mandated in 704 KAR 3:345 Sections 7, 8, 9, and the local district plan.*