

MID-YEAR EVALUATION FORM *(TO BE COMPLETED BY DEC 15TH)*

ASSISTANT PRINCIPAL NAME:	EVALUATOR NAME:	SCHOOL NAME:
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OVERAL PRACTICE

STANDARDS	EXCEEDS STANDARDS (4)	MEETS STANDARDS (3)	APPROACHING STANDARDS (2)	DOES NOT MEET STANDARDS (1)
LEARNING AND TEACHING				
P				
E				
SHARED VISION, SCHOOL CULTURE, AND FAMILY ENGAGEMENT				
P				
E				
STRATEGIC PLANNING AND SYSTEMS				
P				
E				
TALENT MANAGEMENT				
P				
E				
PERSONAL LEADERSHIP AND GROWTH				
P				
E				
OVERALL PRACTICE RATING				
	Exceeds On At Least 3 Standards + No Rating Below Approaching Any Standard	At Least Meets On At Least 3 Standards + No Rating Below Approaching Any Standard	At Least Approaching At Least 3 Standards	Does Not Meet At Least 3 Standards + No Rating Above Approaching The Other 2 Standards

OVERAL OUTCOMES

STUDENT OUTCOME TARGETS	MEETS OR EXCEEDS	MAKING PROGRESS	NOT MAKING PROGRESS
GOAL 1			
GOAL 2			
GOAL 3			
GOAL 4			
GOAL 5			

_____ ASSISTANT PRINCIPAL SIGNATURE	_____ DATE	_____ EVALUATOR SIGNATURE	_____ DATE
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Required Mid Year Evaluation Form
 This form is to be completed by the evaluator and reviewed with the Assistant Principal by December 15th.