**Teacher Evaluation Summary Form**

Teacher’s Professional Goal and Strategies are set in September- October. Administrator and teacher discuss this evaluation form and set a professional goal and strategies for the current school year in September or October. Please refer to [Catechesis in the Catholic School Rubric](https://aopelementary.org/wp-content/uploads/2022/05/Catechesis-in-the-Catholic-School-Rubric-2013.pdf) and [Framework for Teaching Professional Rubric](https://aopelementary.org/wp-content/uploads/2022/05/Framework-for-Teaching-Professional-Rubric-2011-Elementary.pdf) for fuller understanding of expectations for a teaching professional. This evaluation is based upon formal and informal classroom observations and conferences on the part of the administrator during the school year.

Please send this completed form to [Jeanne Stietz](mailto:jsteitz@archphila.org) (jstietz@archphila.org). **Be sure to keep a copy for your own files.**

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| **Submitted By**: Enter Name of Person Submitting this Form | | | **Date:** Select Date |
| **School:** Enter School | | **County:** Select County | |
| **Principal:** Enter Principal Name | **Email:** Enter Email | | **Phone:** Enter Phone # |

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| **Teacher Name:** Enter Teacher Name **Teacher Maiden Name, if Applicable:** Enter Teacher Maiden Name | | | | **SS#:** Enter SS # - last 4 digits (last 4 digits only) |
| **Start Date:** Select Date | | **Full-Time  Part-Time** | | |
| **Teacher Address:** Enter Teacher Address. | | | | |
| **City:** Enter City. | **State:** Enter State | | **Zip Code:** Enter Zip Code | |
| **Email:** Enter Email | **Cell Phone:** Enter Cell Phone | | **Home Phone:** Enter Home Phone | |
| **Grades/Subjects:** Enter Grades/Subjects Taught | | | | |
| **Level of Degree:** Degree or # of Credits | | **Total Years Teaching:** Enter Total Years Teaching | | |
| **# of Years in Archdiocesan Schools:** Enter # of Years | | **# of Years in Current School:** Enter # of Years | | |
| **PA Certification:   Instructional I  Instructional II** | | **Areas:** Enter the areas of PA Certification | | |
| **Religious Education Certification:  YES  NO** | | **# of Credits:** Enter the # of Religious Education Cert | | |

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| **Teacher Name**: Enter Teacher Name | **SS#:** Enter SS # - last 4 digits (last 4 digits only) | **Date:** Select Date |
| **School:** Enter School | **County:** Select County | |

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| **4 = Distinguished** | **3 = Proficient** | **2 = Basic** | **1 = Ineffective** |

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| **Domain** | |
| **Category** | **Rating** |
| Framework for Catechesis in Catholic School | Rating |
| Domain 1: Planning and Preparation | Rating |
| Domain 2: Classroom Environment | Rating |
| Domain 3: Instruction | Rating |
| Domain 4: Professional Responsibilities | Rating |

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| **As of This Date, Does the Teacher Intend to Return to a Teaching Position at This School?  YES  NO** |

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| **Administrator’s General Commendation/ Recommendations: (Optional)** |
| Comments |
| **Teacher’s General Comments: (Optional)** |
| Comments |

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| **Teacher Signature:** (*The teacher’s signature indicates only that the teacher has read and discussed this form with the administrator.*) | **Date:** |
| **Administrator Signature:** | **Date:** |