

DRAFT
Charlotte County Public Schools
PACE ALTERNATIVE ANNUAL APPRAISAL FORM

Employee's Name _____ Last 4 Digits of SS # _____
 Employee's Contract Status ____ CC ____ PSC Position _____
 Administrator's Name _____ School Year _____
 Administrator's Title _____ Work Location _____
 Ratings: **E – Exemplary Performance** **P – Professional** (Satisfactory) Performance
PreP - Pre-professional (Area for Development) U – Unsatisfactory Performance
 Annual Comprehensive Appraisal Rating for previous school year 20__ - __: E__ P__ PreP__ U__

Domains of Instructional Performance (EAP)

__1.0 Planning and Preparation (7,10,12) __4.0 Knowledge/Presentation of Subject Matter (3,4,8)
 __2.0 Management of Student Conduct (6,9) __5.0 Communication Verbal and Non-Verbal (2,11)
 __3.0 Instructional Organization & Development (5) __6.0 Verification of student Growth/Performance (1)

Domains for Teachers on Special Assignment Performance (EAP)

__1.0 Management of Services and Organizational Skills (5,6,7,10) __4.0 Evaluation of Services (1,5,7)
 __2.0 Knowledge of Professional Area and Planning for Delivery(3,4,8) __5.0 Professional Responsibility and Characteristics (6,11)
 __3.0 Delivery of Services Including Use of Technology (9,12) __6.0 Collaboration with Students' Families to Increase Student Achievement(2)

Teacher Professional Development Plan completed:yes / no
 Other professional competencies and requirements in State Board of Education Rules and local School Board policies ____S
 ____A ____U

Overall Performance Appraisal E__ P__ PreP__ U__

Goal Key: NI = Progress: Need improvement S = Progress: Satisfactory GA = Goal Achieved

GOAL AREA(S):

	NI	S	GA
	NI	S	GA
	NI	S	GA

Principal's Reemployment Recommendation: Based upon my assessment of this employee's abilities as observed and recorded through our evaluation procedures as prescribed by Florida Statute 1012.34, including the use of technology in the classroom and establishing positive collaborative relationships with parents to increase student achievement through the use of the Student Learning Plan, I hereby make the following recommendation relevant to the continued employment of this individual:

Check Applicable Employment Status

__ I recommend that this individual be reemployed for the 20__ - __ school year.
 __ I recommend that this individual not be reemployed for the 20__ - __ school year.

Administrator's Comments: _____

Employee's Comments: _____

Employee's Signature _____ Date _____

Administrator's Signature _____ Date _____

Signature of employee does not necessarily denote agreement but acknowledges receipt of this document.