McLean County Unit District No. 5

CERTIFIED STAFF EVALUATION FORM

TENURED EVALUATION SUMMARY

Evaluator(s): _____ **Employee:** _____ ☐ **Part Time**

	Date		Dates		Date	Initials
PRECONFERENCE	_____	**OBSERVATION**	_____	**CONFERENCE**	_____	___ ___
			_____			
			_____			
PRECONFERENCE	_____	**OBSERVATION**	_____	**CONFERENCE**	_____	___ ___
			_____			
			_____			
(Optional)		(Optional)		(Optional)		

OVERALL RATING: ☐ **EXCELLENT** ☐ **SATISFACTORY** ☐ **UNSATISFACTORY**

RECOMMENDATION:

☐ **Continued Employment** ☐ **Remediation**

_____ _____

Evaluator Date Faculty Member Date

Faculty Member's Signature Acknowledges Receipt of the Evaluation Information

☐ **If checked, indicates faculty member has attached additional comments to the evaluation.**

PERSN Rev. 4/2001
No other Appraisal Summary form should be submitted after 6/2001