**Employee:**

**Evaluator:**

**School Year:**

**Site:**

**Final Evaluation:** **Satisfactory**  **Unsatisfactory**

Signature of Evaluator Date

This report has been discussed with me in conference with the evaluator. I have the right to respond in writing within five (5) working days and my response will be appended and filed with this evaluation. **My signature on this evaluation does not necessarily signify agreement.**

Signature of Employee Date

Beginning July 1, 2004, permanent unit members who have been employed in a position requiring certification at least ten (10) years in the District who are certified as Highly Qualified under No Child Left Behind, and whose most recent evaluation was satisfactory, shall be evaluated every five (5) years, if the evaluator and certificated employee being evaluated agree.

Next scheduled evaluation:

Evaluator’s Initials Employee’s Initials