

Mid-Year Feedback Form for Focused Evaluations

Teacher: _____ Date: _____

Evaluator: _____ School: _____

Preliminary scores are provided only for components and criteria where evidence has been collected to date.

Criterion Selected: _____ Enter the component numbers below					
Component	Unsatisfactory	Basic	Proficient	Distinguished	Score
SG:					
SG:					

Comments:

Teacher Signature: _____ Date: _____

Evaluator Signature: _____ Date: _____

Please retain at the building for documentation