# APPENDIX F.

**Eastmont School District/Eastmont Education Association**

Evaluation Option Form

**Directions:** Teachers and Certificated Support Employees will be notified by the 20th day of school whether the teacher will be evaluated using the Comprehensive, Focused, Long Form, or Short Form evaluation process and who will be assigned as the evaluator.

|  |  |
| --- | --- |
| Employee’s Name: |  |
| Building: |  |
| Assignment: |  |
| Evaluator: |  |
| Date: |  |

**This employee and administrator agree on the following evaluation option (checked):**

|  |  |
| --- | --- |
|  | **Comprehensive –** Provisional classroom teachers or continuing classroom teachers who must evaluated on Comprehensive every six (6) years. ***Exception – an evaluator may choose to place a continuing classroom teacher on Comprehensive for performance development reasons.*** **NOTE:** Teachers new to the District will be evaluated for four (4) years on Comprehensive, regardless of their Provisional Status. |
|  | **Focused –** Continuing classroom teacher who has been evaluated on Comprehensive. Must be moved to Comprehensive every six (6) years.  |
|  | **Long Form**  - Provisional certificated support employees (ESA’s)**NOTE:** Teachers new to the District will be evaluated for four (4) years on Long Form, regardless of their Provisional Status. |
|  | **Short Form** – Continuing certificated support employees (ESA’s) |
|  | **Professional Growth Plan (PGP)** – Continuing certificated support employees (ESA’s) |

|  |  |  |  |
| --- | --- | --- | --- |
| **Evaluator’s Signature:** |  | **Date:** |  |

|  |
| --- |
| Employee Input Below This Box |

|  |  |  |  |
| --- | --- | --- | --- |
| **Employee Signature:** |  | **Date:** |  |