Employee's Name:

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.

Building:	_			
Assignment:				
Evaluator:				
Date:				
his employee and administrat	or agree on the follo	owing evaluation	on option (checked):	
Comprehensive – Provisi on Comprehensive every classroom teacher on Co	six (6) years. <i>Excep</i> t	tion – an evalu	ator may choose to p	
Focused – Continuing cla Comprehensive every six		has been evalu	uated on Comprehens	sive. Must be moved to
Long Form - Provisional of	certificated support	employees (ESA	A's)	
Short Form – Continuing	certificated support	employees (ES	A's)	
Professional Growth Plan	n (PGP) – Continuing	certificated su	pport employees (ES/	A's)
Evaluator's Signature:			Date:	
	EMPLOYEE INPU	T BELOW TH	is Box	
Employee Signature:			Date:	
			·	·