**RELATED SERVICE PROVIDER EVALUATION INPUT FOR THE \_\_\_\_\_\_\_\_\_\_ SCHOOL YEAR**

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date/Time of Evaluation Conference \_\_\_\_\_\_\_\_\_\_\_\_

Subject/Grade Level \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Evaluator \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The purpose of the evaluation input form is to allow the Related Service Provider to capture accomplishments, professional contributions, professional growth, use of student data to guide focus, and consideration of future growth objectives.

**This form must be submitted electronically via Frontline at least two school days prior to the evaluation conference.**

**Highlight Accomplishments and Professional Contributions:**

**Professional Growth during current school year:**

**Use of Student Data to guide focus:**

**Future Growth Objectives for the following school year:**

* Departmental/individual goal(s):

*Related Service Providers may wish to provide additional information to the evaluator for the evaluation conference.* (Use additional space as necessary*)*

*Conclusion and other comments:* (use additional space as necessary)

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 Signature of Related Service Provider Date

*Evaluator’s Comments:* (use additional space as necessary)

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 Signature of Evaluator (indicates document has been received) Date

This document will be attached to and filed with the Annual Evaluation Report.

C: Personnel file via the Assistant Superintendent for Instruction, Observer, Related Service Provider, Principal