

School Year: 20__ - 20__
 THE SCHOOL BOARD OF MONROE COUNTY, FLORIDA
INTERIM REVIEW FORM
 TEACHER ANNUAL ASSESSMENT PLAN

Name _____ SS # ____ - ____ - ____ School _____

Code: S=Satisfactory C=Commendable (from 199__ "Comprehensive Assessment Form)

A.	MANAGEMENT OF STUDENT CONDUCT	S	C
B.	INSTRUCTION, ORGANIZATION AND DEVELOPMENT	S	C
C.	KNOWLEDGE OF SUBJECT MATTER	S	C
D.	EVALUATION OF INSTRUCTIONAL NEEDS	S	C
E.	PROFESSIONAL RESPONSIBILITIES	S	C

GOALS FOCUSED EVALUATION PLAN

OBJECTIVES:

1.

2.

ACTIVITIES DESIGNED TO ACCOMPLISH EACH OBJECTIVE _____.

Objective 1.

Objective 2.

EVIDENCE TO BE USED TO VERIFY ACCOMPLISHMENT OF OBJECTIVE(S) _____.

Objective 1.

Objective 2.

Objective #1: Fully Achieved [] Partially Achieved [] Not Achieved []

Objective #2: Fully Achieved [] Partially Achieved [] Not Achieved []

SUMMARY EVALUATION RATING: Satisfactory [] Commendable []

EVALUATOR COMMENTS _____

EVALUATOR SIGNATURE _____ DATE ____/____/____

TEACHER COMMENTS _____

TEACHER SIGNATURE _____ DATE ____/____/____