FRANKLIN PARISH SCHOOLS PERSONNEL EVALUATION SUMMARY

**\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\***

**NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ POSITION\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**WORKSITE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ EVALUATION DATE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**This form should be completed and submitted to the district office by April 15th**

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# PROFESSIONAL PERFORMANCE AS IDENTIFIED IN JOB DESCRIPTION

1. Commendations B. Recommendations
2. **CRITICAL JOB RESPONSIBILITIES**

THE STAFF MEMBER FULFILLS CRITICAL JOB RESPONSIBILITIES: \_\_\_\_\_\_\_\_YES\_\_\_\_\_\_\_\_NO

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PGP INITIAL SUBMISSION \_\_\_\_\_\_\_\_\_\_\_\_ PGP REVIEWED\_\_\_\_\_\_\_\_\_\_\_\_\_SELF-EVALUATION SUBMITTED:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Date Date

JOB DESCRIPTION\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PERSONNEL EVALUATION GUIDELINES: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Received Date Received

PUPIL PROGRESSION Plan: \_\_\_\_\_

Date Reviewed on Parish Website

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**OVERALL STATUS:**

SATISFACTORY \_\_\_\_\_\_\_\_\_\_\_\_ NEEDS IMPROVEMENT \_\_\_\_\_\_\_\_\_\_\_\_ UNSATISFACTORY\_\_\_\_\_\_\_\_\_\_\_\_

RECOMMENDED FOR INTENSIVE ASSISTANCE PLAN \_\_\_\_\_\_\_\_\_\_\_\_\_

**COMMENTS:**

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

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STAFF SIGNATURE DATE EVALUATOR SIGNATURE DATE

THE SIGNATURE ABOVE INDICATES THAT I HAVE READ THE INSTRUCTIONAL PERSONNEL EVALUATION SUMMARY. IT IS NOT INTENDED AS AN EXPRESSION OF AGREEMENT OR DISAGREEMENT.

Provide original with signatures to District Office Retain a copy for Evaluator Files Provide a copy for Staff Member

**FORM 4** Revised 8/11