

Garden Grove Unified School District

Evaluation Summary

School Year: 20 / 20

Conference Date:

Employee:

Location:

Position:

Teaching Assignment:

Status: Temporary

Probationary

Permanent (3-10)

Permanent (11+)

Evaluator:

Title:

A written evaluation summary, including dates of observation(s), is required in accordance with Sections 7.6b

Satisfactory Evaluation

Unsatisfactory Evaluation/Referred to Peer Assistance and Review Program.

Observation Dates:

Needed improvements noted on the Recommended Improvements form have not been accomplished.

Evaluator's Signature

Date

Employee's Signature

Date

My signature does not necessarily indicate agreement. A separate statement of Employee Response may be attached to this report, and it may include a request for a conference with the Office of Personnel Services.

Original – Employee Personnel File
Copy One – Employee
Copy Two – Evaluator