

**Chittenden East Supervisory Union
Final Summative Evaluation Report for Intensive Assistance**

Teacher's Name: _____

Date: _____

School: _____

Supervising Administrator: _____

Introduction:

Commendations:

Recommendations:

Summary:

Based on the above information, I certify that _____ (name) is a competent (or not) teacher. I am recommending that he or she be put on the _____ component of the Professional Growth Cycle.

Acknowledgement of Content:

The teacher's signature below may not necessarily reflect agreement, but it should reflect an awareness of the content of this report. The major points of this report have been discussed with the teacher in a previous meeting. A teacher has the right to rebut any statements contained in this report or to file a separate report or rebuttal at the time of the signing of this report. If the teacher refuses or neglects to sign the report, the administrator will note the date and time and circumstances when the report was given to the teacher, along with the administrator's signature and date. This administrator recognizes and appreciates the effort and energy that the teacher has put into this evaluation process.

Teacher Signature _____

Date: _____

Administrator Signature _____

Date: _____