**Final Holistic Rating of Teacher Effectiveness—Accomplished or Skilled Carry Forward**

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| --- | --- |
| **Professional Growth Plan Goal(s) Alignment:** | **Dates:** |
| **Mark Domain Area(s):**[ ] Focus for Learning[ ] Knowledge of Students[ ] Lesson Delivery[ ] Classroom Environment[ ] Assessment of Student Learning[ ] Professional Responsibilities**Focus Area(s) Comments:** | Date of Observation:      Date of Conference:      **Comments:**  |
| **Professional Growth Plan Goal(s):** | (Goal(s) prepopulate from previous entry) |
| **Progress on Professional Growth Plan Goal:**  | [ ] Progress Made(By checking this box, the teacher will continue with rating as per schedule until time for a full evaluation cycle.) | [ ] Insufficient Progress Made(By checking this box, the teacher will automatically be placed on a full evaluation cycle the following school year.) |
| **Evaluator Comments:** |
| **Teacher Comments:** |
| **Final Holistic (Overall) Rating: Pre-Populated in OhioES Portal*** **Carry forward from previous rating**
 | **Ineffective** | **Developing** | **Skilled** | **Accomplished** |
|       |       |       |       |

[ ] End of Cycle (Full evaluation required in the next school year)

[ ] Check here if Improvement Plan has been recommended.

**Teacher Signature**        **Date**      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Evaluator Signature**       **Date**      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_