**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** |
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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**      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_