

**NORTH KITSAP SCHOOL DISTRICT #400**

**EMPLOYEE EVALUATION FORM (teachers)**

Name \_\_\_\_\_ School \_\_\_\_\_

Assignment \_\_\_\_\_ Year \_\_\_\_\_

The following evaluation is done in accordance with the collective bargaining between the NKEA and NKSD, Article III Section 4. The formal criteria are listed within the aforementioned contract. This document must be completed by the employee's supervisor in accordance with the contract. (For employees who have been in the District four years and less and all employees every 3<sup>rd</sup> year.) Each characteristic is to be considered only in the context of the sub-characteristics listed in the contract and are to be considered independently.

\_\_\_\_\_ for \_\_\_\_\_  
 Dates Duration

**EVALUATION**

	Satisfactory		Unsatisfactory
	Meets Criteria	Needs Improvement	Does not Meet Criteria
Certificated Classroom Teachers			
Criterion 1: Instructional Skill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Criterion 2: Classroom Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Criterion 3: Professional Preparation and Scholarship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Criterion 4: Effort Toward Improvement When Needed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Criterion 5: The Handling of Student Discipline and Attendant Problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Criterion 6: Interest in Teaching Pupils	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Criterion 7: Knowledge of Subject Matter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

COMMENTS ATTACHED

It is my judgement based upon adopted criteria that this employee's overall performance has been \_\_\_\_\_  
 \_\_\_\_\_ during the evaluation period covered in this report. satisfactory  
 unsatisfactory

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 The certificated employee's signature indicates that the evaluatee has read and discussed the evaluation in a conference with the evaluator. The evaluatee has the right of addendum; if such a statement is to be attached, check here ( ). Such addendums must bear the signature of the supervisor, indicating only that he/she has seen it.

Date of Evaluation Conference: \_\_\_\_\_

Evaluee: \_\_\_\_\_

Evaluator: \_\_\_\_\_

Position: \_\_\_\_\_

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Comments:

My signature below indicates that I have seen and received a copy of this report. It does not necessarily indicate agreement with the findings.

\_\_\_\_\_

Date

\_\_\_\_\_

Employee's Signature