

## Alternate Evaluation Report Form

Practitioner: \_\_\_\_\_

Building Assignment: \_\_\_\_\_ School Year: \_\_\_\_\_

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### I. Check Evaluation Option:

- Option 1 — Action Research
- Option 2 — Peer Coaching
- Option 3 — Portfolio
- Option 4 — National Board Certification

### II. Timeline

Exchange Conference \_\_\_\_\_

Status Meeting (Jan.) \_\_\_\_\_

Status Meeting (Apr.) \_\_\_\_\_

Status Meeting (May) \_\_\_\_\_

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**III. Practitioner Comments:** Please summarize your progress.

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**IV. Administrator Comments:** This section is designed for administrative feedback/acknowledgment.

Practitioner \_\_\_\_\_

Administrator \_\_\_\_\_

Signature \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Date \_\_\_\_\_

(Practitioner signature indicates only that this document has been discussed with the administrator. Practitioner has the right to attach his/her own statement within ten (10) workdays of the affixed date).