|  |  |  |  |
| --- | --- | --- | --- |
| End-of-Year Conference *Completed by Evaluator (by June/Last Day of School)* ***Date:*** Click or tap to enter a date. | | | |
| Name: Click or tap here to enter text. | | Location: Click or tap here to enter text. | |
| **Summative Feedback & Growth Criteria  *Completed by Evaluator***  *See appendix for full description* | | | |
| *Summative Feedback* | Click or tap here to enter text. | | |
| *Development of new learning & impact on leadership practice related to goal(s).* | Click or tap here to enter text. | | |
| *Impact of new learning and leadership practice on key partners and or organizational outcomes.* | Click or tap here to enter text. | | |
| *Impact of new learning on greater community.* | Click or tap here to enter text. | | |
| **Successful Completion of the Evaluative Cycle** | Yes | | No |
| Supports Required/Suggested ***Are tiered supports required above and beyond tier 1 (included in feedback above)*?**  Not applicable  Tier 2  Tier 3 | If Tier 2 and/or Tier 3, please specify strategies:   * Click or tap here to enter text. | | |
| **For multi-year goals only:**   * *What adjustments are needed to the goal(s)?*   Click or tap here to enter text.   * *Why?*   Click or tap here to enter text.   * *How might adjustments impact the timing of the goal(s)?*   Click or tap here to enter text. | Leader will continue multi-year goal.  Leader will adjust multi-year goal.  Leader completed multi-year goal.  Notes: Click or tap here to enter text. | | |
| **Educator Signature:** Click or tap here to enter text. | **Date:** Click or tap to enter a date. | | |
| **Evaluator Signature:** Click or tap here to enter text. | **Date:** Click or tap to enter a date. | | |