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| 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.
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| **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. |