

**COMPREHENSIVE ASSESSMENT
APPRAISAL RECORD**

EDUCATOR NAME: _____

PURPOSE: _____

This form is to be completed after each observation cycle (planning, observation, reflection). Feedback regarding areas not included in the observation process such as the Educator Information Record may be included.

Feedback regarding Performance Standards:

AREAS OF STRENGTH
(Must include at least one)

Domain _____
Indicator _____
Statement:

Domain _____
Indicator _____
Statement:

Domain _____
Indicator _____
Statement:

AREAS TO STRENGTHEN
(Must include at least one)

Domain _____
Indicator _____
Statement:

Domain _____
Indicator _____
Statement:

Domain _____
Indicator _____
Statement:

Educator comments regarding the educator's evaluation to this point: (Attach additional sheets if necessary.)

The signatures below indicate that the above information has been shared and discussed.

Educator/Date

Evaluator or Observer/ Date

White Copy
Canary Copy
Pink Copy

Primary Evaluator/UTK
Secondary Evaluator/School Administrator
Educator/Intern