

## Administrator Evaluation Principal & Assistant Principal Alternative (Self-Reflection)

### Employee Information

**Administrator Name:**   
**Position:**   
**Building / Department:**   
**Evaluation Year:**

### Evaluator Information

**Evaluator Name:**   
**Position:**

### Prior Year Evaluation Rating

**Carry-over Rating:**

### Mid-Year Review Report

#### Mid-Year Administrator Self-Reflection (required)

Mid-Year Meeting Date:

### End of Year Review Report

#### End of Year Administrator Self-Reflection (required)

#### End of Year Evaluator Comments (optional)

End of Year Meeting Date:

### Signatures

Signatures below indicate only that the administrator has received, read, and had the opportunity to discuss the Self Reflection Evaluation Report. The administrator may respond in writing and attached relevant documents within 10 work days.

\_\_\_\_\_  
Administrator Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Evaluator Signature

\_\_\_\_\_  
Date

## Administrator Evaluation Principal & Assistant Principal Alternative (Self-Reflection)

### Professional Growth Goals / MSLs

#### Goal 1: Professional Growth Goal – Administrator Action (determined by administrator)

\* Rubric Standard / Element:

\* Description of Professional Growth Goal:

\* Describe the specific measurable goal or target to determine success:

#### Goal 2: Professional Growth Goal – Administrator Action (determined by evaluator)

\* Rubric Standard / Element:

\* Description of Professional Growth Goal:

\* Describe the specific measurable goal or target to determine success:

#### Goal 3: Collective Measure of Student Learning – School or Other (mutually determined)

\* Description of Collective Student Growth Goal:

\* Description of Professional Growth:

\* Describe the specific measurable goal or target to determine success: