Ironton City Schools

- Teacher Evaluation -

Teacher:	**Teaching Assignment:**
Evaluator:	**School:** ___ Ironton High School ___ Kingsbury ___ Ironton Jr. High School ___ Whitwell ___ Ironton Middle School ___ West Ironton
Date(s) of Observation(s):	**Specific Performance Goals Attached:** YES NO (Circle One)

Areas of Commendation: **___ Classroom Management** **___ Instruction** **___ Teacher Student Relations** **___ Teacher-Parent Relations** **___ Proficiency Testing** **___ Professional Development** **___ Other (See Comments)**	**Comments:**
Areas for Growth/Improvement: **___ Classroom Management** **___ Instruction** **___ Teacher Student Relations** **___ Teacher-Parent Relations** **___ Proficiency Testing** **___ Professional Development** **___ Other (See Comments)**	**Comments:**
Evaluation Time Line **Date Completed** **Orientation** _____ **(By October 1)** **First Evaluation** _____ **Report to Employee** _____ **(By January 25)** **Second Evaluation** _____ **Report to Employee** _____ **(By April 10)**	**Teacher Comments:**

Evaluator's Signature: **Date:**	**Teacher's Signature:** **Date:**
Evaluator's Signature: _____ **Date:** _____	**Teacher's Signature:** **Date:**

Signatures indicate that the evaluation process was completed; not necessarily consensus.