

Tahoma School District #409  
**CERTIFICATED STAFF EVALUATION FORM**  
**BASIC EVALUATION PLAN**

Employee Name: \_\_\_\_\_ Current Position: \_\_\_\_\_ Location: \_\_\_\_\_ School Yr: \_\_\_\_\_

As required by law, check those criteria listed below as having been reviewed, observed and/or noted:

Instructional Staff Criteria	Problem Area	Approaches Standard	Meets/Exceeds Standard
Classroom Environment WAC 392-191-010 #2, 6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Classroom Management WAC 392-191-010 #1, 5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Instructional & Classroom Teaching Practice WAC 392-191-010 #1, 2, 3, 6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lesson Planning & Design WAC 392-191-010 #1, 3, 7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assessment WAC 392-191-010 #1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professional Development & Responsibilities WAC 392-191-010 #3, 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Evaluator's required summary: In the space below, comment on overall job performance. **If any criteria is checked as a problem area it must be addressed.** Additional comments may be attached. Identify attachments, if any.

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 I find this employee's overall performance to be:     Satisfactory         Unsatisfactory

The signature below does not necessarily imply that the employee agrees with the preceding report, only that he/she has seen and discussed it with the evaluator and has been provided a copy. Employee may attach a statement.	
Employee Signature _____	Date _____
Evaluator Signature _____	Date _____
Employee statement attached: <input type="checkbox"/> Yes <input type="checkbox"/> No	

**Please forward this form to the Human Resource file.**