

**Chimacum School District
Short Form Performance Evaluation**

Name:	Date:
Evaluation Period:	School Year:
School or Department:	Position Title:

Nature of Observation: (check appropriate box below)

One observation of at least 30 minutes with written report.

Observation date: _____

Two observations of at least 30 minutes each without written report.

Observation dates: _____ and _____

Professional Growth Plan (attached)

This certificated employee's performance is satisfactory for this school year **pursuant to RCW 28A.405.100.**

Prepared by:	Date:
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I have read this evaluation of my performance and discussed it with my supervisor.

Employee:	Date:
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Statement by employee attached: Yes No

Supervisor comments attached: Yes No