SAMPLE Teacher Evaluation Schedule SAMPLE

Teacher Name	Current Grade	Licensure Renewal Cycle	Info To Tchr? (Date)	Evaluation Schedule	IGPs	IGP Review Date	# of Obs.	Obs. 1 Date Comp.	Obs. 2 Date Comp.	Obs. 3 Date Comp.	Obs. 4 Date Comp.	Int. Date Comp.	Eval Mtg. Date
Mrs. A	1	1999-2004		SERVE Summative; changed grades	**By Oct. 1, 2004**		2**			**N/A**	**N/A**		
Mr. B	1	2001-2006		SERVE Formative			0*	**N/A**	**N/A**	**N/A**	**N/A**		
Ms. C	4	ILT		SERVE ILT; Mr. F, Mentor			4 (1 by a peer)						
Dr. D	Counselor	N/A		Counselor Instrument			2			**N/A**	**N/A**	**N/A**	
Mrs. E	Spch/Lang	N/A		Spch/Lang Instrument			2			**N/A**	**N/A**	**N/A**	
Mr. F	HS	2003-2008		SERVE Summative (1st yr. of licensure renewal)			2**			**N/A**	**N/A**		
Ms. G	HS	2000-2005		SERVE Summative (Probationary, 4 yrs.)			4 (1 by a peer)**						

*** Will conduct a Formative Interview based on Formative Plan & Selected Performance Dimensions**
**** Will conduct a Summative Interview based on Summative Plan & 23 Performance Dimensions**
X Item not required