

**Owendale-Gagetown Area School District  
Administrator Evaluation Report**

<b>Administrator's Name</b>			<b>Title</b>		
<b>Evaluator's Name</b>			<b>Title</b>		<b>School Year</b>
<i>Instructions: Effectiveness shall be rated as shown below for each indicator:</i>					
<b>4 = Highly Effective      3 = Effective      2 = Minimally Effective      1 = Ineffective      N/O = Not Observed</b>					
<b>I. Professional Responsibility</b>			<b>III. Leadership</b>		
<b>Rating</b>			<b>Rating</b>		
a.	Maintains Professional Behavior		a.	Communicates Effectively	
b.	Presents Self Professionally		b.	Successfully Administers Program	
c.	Maintains Accurate Records		c.	Supports Staff, Colleagues, Administrative, Board	
d.	Follows Huron ISD/Building Policies and Procedures		d.	Demonstrates Effective Organizational Skills	
e.	Works Toward Professional Growth and Development		<b>IV. Student Growth and Assessment</b>		
<b>II. Planning and Preparation</b>			<b>V. Environment</b>		
<b>Rating</b>			<b>Rating</b>		
a.	Demonstrates Knowledge of Area of Service		a.	Organizes Physical Space	
b.	Participates in Shaping Educational Progress		b.	Practices School Health and Safety Procedures	
			c.	Creates an Atmosphere of Respect and Rapport	

<b>Administrator's Name</b>		<b>Evaluator's Name</b>	
<b>Summary Statement</b>		<b>Recommendation(s)</b>	
<b>Administrator's Signature</b>	<b>Date</b>	<b>Evaluator's Signature</b>	<b>Date</b>
<i>Signature indicates completion of the evaluation process—not necessarily consensus</i>			