

Principal Summative Evaluation Form

Principal's Name: _____

School Year: _____

School: _____

District: _____

Performance Standard	Rating Profile		
	Exemplary	Proficient	Improvement Needed
1. Vision			
2. Instructional Leadership			
3. Effective Management			
4. Climate			
5. School/Community Relations			
6. Ethical Behavior			
7. Interpersonal Skills			
8. Staff Development			
9. Principal's Professional Development			

	Exemplary	Proficient	Improvement Needed
Overall Rating			

Signature of Principal_____
Date_____
Signature of Evaluator_____
Date

NOTE: The signature of the principal above indicates that the evaluation has been reviewed with her/him. It does not imply agreement with the evaluation.

Name of Principal _____

Commendations and/or Recommendations: _____

Signature of Principal Date Signature of Evaluator Date