

ARLINGTON INDEPENDENT SCHOOL DISTRICT

Date: _____ (Date form was completed)

To: _____ (Full Name of Person Being Appraised)

_____ (Assignment/Location of Employee)

_____ (Employee ID #)

From: _____ (Full Name of Supervisor)

_____ (Title/Location of Supervisor)

RE: Summative Evaluation

Job-Related Commendations:

Job-Related Concerns:

Job-Related Recommendations:

Received by:

(Employee Signature)

(Date received)

Evaluated by:

(Supervisor Signature)

(Date conferenced)