

Record of Teacher Evaluation Activities (Required)

Teacher Name: _____ ID#: _____

School: _____ School Year: _____

Position/Assignment: _____

Evaluator: _____ Title: _____

Teacher Background (Briefly describe the teacher’s educational background, years of experience, teaching assignment, and any other factors that may impact the evaluation):

The North Carolina Teacher Evaluation is based, in part, on informal and formal observations and conferences conducted on the following dates:

Activity	Date	Teacher Signature	Evaluator Signature
Orientation			
Pre-Observation Conference			
Observation #1			
Post-Observation Conference #1			
Pre-Observation Conference (optional)			
Observation #2			
Post-Observation Conference #2			
Pre-Observation Conference (optional)			
Observation #3			
Post-Observation Conference #3			
Pre-Observation Conference (optional)			
Observation #4 (if required)			
Post-Observation Conference #4 (if required)			
Summary Evaluation Conference			
Individual Growth Plan Completed			

In addition to observations, other relevant sources of performance evidence, such as the artifacts suggested on the rubric, may be considered when determining the teacher’s overall level of performance. Sources of evidence discussed in completing this evaluation include the following:

_____	_____
_____	_____
_____	_____