

E.C.S.D. ADMINISTRATIVE REGULATION

NON-NEPF CERTIFIED STAFF MEMBER EVALUATION FORM OF THE  
EUREKA COUNTY SCHOOL DISTRICT

EMPLOYEE'S NAME \_\_\_\_\_ School \_\_\_\_\_

Grade or Subject Area \_\_\_\_\_

Date of Evaluation \_\_\_\_\_

- A) Strengths of the staff member
- B) Needs or opportunities for improvement
- C) Growth or progress made
- D) Remediation plan (required for unsatisfactory evaluations)

Use additional sheets as needed and attach

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Observation Dates: \_\_\_\_\_

This evaluation is \_\_\_\_\_

Evaluator's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I certify that this request has been discussed with me. I understand my signature does not necessarily indicate agreement.

EMPLOYEE'S SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_

Staff Member's Comments: