

Southeastern California Conference of Seventh-day Adventists
Office of Education
Alternate Summative Evaluation

Regular Status Teachers

Name of Teacher: _____ Date: _____

Teacher Professional Development

Please summarize the teacher's professional development activities of the year by indicating the goal, process, and evidence at the "teacher celebration" activity.

Summary Observations

Optional: Complete this section if relevant

Summarize any other relevant teacher actions that were noted, recorded and discussed with the teacher during the school year which relate to his or her professional performance.

Administrator's signature

Date

Teacher's signature

Date

Notes:

- a. The teacher's signature indicates receipt of this document and does not necessarily imply agreement with all of the contents of the document.
- b. The teacher has the right to attach a statement to this document which will become a part of the teacher's file.