**RECORD OF EVALUATION ACTIVITIES** (Optional)

|  |  |  |  |
| --- | --- | --- | --- |
| Activity | Date | Principal/Administrator Signature | Evaluator Signature |
| Orientation |  |  |  |
| Annual Self-Assessment Completed and Submitted (Optional) |  |  |  |
| Individual Professional Development Plan Approval |  |  |  |
| Action Plans Approval |  |  |  |
| **Dates of Site Conferences (one full period on-site observation per semester required)** | | | |
| 1. |  |  |  |
| 2. |  |  |  |
| 3. |  |  |  |
| 4. |  |  |  |
| 5. |  |  |  |
| **Dates of Site Conferences** | | | |
| 1. |  |  |  |
| 2. |  |  |  |
| 3. |  |  |  |
| 4. |  |  |  |
| 5. |  |  |  |
| **Action Plan Review Conference** |  |  |  |
| **Action Plan Summative Conference** |  |  |  |
| **IDP Plan Review Conference** |  |  | ` |
| **IDP Plan Summative Conference** |  |  |  |
| **Semester 1 (Formative) Evaluation Conference** |  |  |  |
| **Semester 2 (Summative) Evaluation Conference** |  |  |  |