

## COMPREHENSIVE ASSESSMENT APPRAISAL RECORD

EDUCATOR NAME: \_\_\_\_\_ PURPOSE \_\_\_\_\_

**This form is to be completed after each observation cycle (planning, observation, reflection). Feedback regarding areas not included in the observation process such as the Educator Information Record may be included.**

Feedback regarding Performance Standards

### AREAS OF STRENGTH

*(Must include at least one)\**

Domain \_\_\_\_\_

Indicator \_\_\_\_\_

Statement: (Specific Evidence)

Domain \_\_\_\_\_

Indicator \_\_\_\_\_

Statement: (Specific Evidence)

Domain: \_\_\_\_\_

Indicator \_\_\_\_\_

Statement: (Specific Evidence)

### AREAS TO STRENGTHEN

*(Must include at least one)\**

Domain \_\_\_\_\_

Indicator \_\_\_\_\_

Statement: (Specific Evidence)

Domain

Indicator \_\_\_\_\_

Statement: (Specific Evidence)

Domain \_\_\_\_\_

Indicator \_\_\_\_\_

Statement: (Specific Evidence)

Educator comments regarding the educator's evaluation to this point: (Attach additional sheets if necessary).

The signatures below indicate that the above information has been shared and discussed.

\_\_\_\_\_  
Educator/Date

\_\_\_\_\_  
Evaluator/Observer/Date

\*For Observation Purpose Only