

OHIO COUNTY SCHOOLS EVALUATION DATA FORM

Evaluation To Be
Completed Annually

NAME _____ DATE _____

To be completed by Evaluatee: School _____

1. At what level are your responsibilities? Subject Area(s) Assignment:
Primary School 4. _____ 7. _____ 10. _____
Lower _____ 5. _____ 8. _____ 11. _____ _____
Upper _____ 6. _____ 9. _____ 12. _____ _____
2. List grade levels and/or subject areas in which you have previously taught: _____

3. How long have you served in your current capacity? _____
4. How long have you served in this school system? _____
5. How many years have you worked in the field of education? _____
6. Have you held any leadership positions in civic or professional organizations this year? Yes ___ No ___
Specify: _____
7. What is your current degree status? _____
8. When did you last complete a course and/or workshop? _____
9. Do you have plans to enroll in courses or workshops during the current school year? Yes ___ No ___
Specify: _____
10. Did you attend any educational conferences last year? Yes ___ No ___
Specify: _____
11. Did you belong to any professional organizations? Yes ___ No ___
Specify: _____
12. Did you serve on any committees during the previous school year?
Yes ___ No ___ (Within your school) Specify: _____
Yes ___ No ___ (Within your district) Specify: _____

13. I would be interested in working on the following committee(s):

14. Any other pertinent information: _____