



Teacher Evaluation Certification Form
Division of Student Affairs

Applicants to the Master of Education in Educational Leadership or Modified Program for Educational Leadership may use this form to document successful years of teaching evaluations in place of submitting actual summative evaluations. Please complete the form in its entirety and submit as part of your application materials.

Applicant Full Name: _____ **Applicant DOB:** _____

Term Applying for: _____

YEAR 1 EVALUATION

Academic Year: _____ **School:** _____

Annual Performance Rating:

Highly Effective Effective Needs Improvement Developing Unsatisfactory

Administrator Name: _____ **Signature:** _____

Administrator Phone Number: _____ **Date Signed:** _____

YEAR 2 EVALUATION

Academic Year: _____ **School:** _____

Annual Performance Rating:

Highly Effective Effective Needs Improvement Developing Unsatisfactory

Administrator Name: _____ **Signature:** _____

Administrator Phone Number: _____ **Date Signed:** _____



YEAR 3 EVALUATION

Academic Year: _____ **School:** _____

Annual Performance Rating:

Highly Effective Effective Needs Improvement Developing Unsatisfactory

Administrator Name: _____ **Signature:** _____

Administrator Phone Number: _____ **Date Signed:** _____

APPLICANT CERTIFICATION

I hereby certify that, to the best of my knowledge, the information provided herein is true and accurate.

Applicant Signature: _____ **Date:** _____