

CONFIDENTIAL
GEORGIA TEACHER EVALUATION PROGRAM: ANNUAL EVALUATION SUMMARY REPORT

DeKalb County School System

Teacher's Name _____

System _____

School _____

System State Code	School State Code	Last 4 Digits Teacher SSN	Last 4 Digits Primary Evaluator SSN	MO	Date DAY	YR	Evaluation Summary		
6	4	4					Georgia Teacher Observation Instrument (GTOI)	Georgia Teacher Duties and Responsibilities Instrument (GTDR I)	Overall Evaluation
Teacher's Race / Ethnicity		Teacher's Sex		Current Year Status (check only one)					
<input type="checkbox"/> American Indian, Alaskan Native <input type="checkbox"/> Asian, Pacific Islander <input type="checkbox"/> Hispanic <input type="checkbox"/> Black, Non-Hispanic <input type="checkbox"/> Multi-Racial <input type="checkbox"/> White, Non-Hispanic		<input type="checkbox"/> Male <input type="checkbox"/> Female	<small>For teachers with fewer than 3 years experience</small> <input type="checkbox"/> Standard Year 1 <input type="checkbox"/> Standard Year 2 <input type="checkbox"/> Standard Year 3	<small>For teachers with 3 or more years experience new to system</small> <input type="checkbox"/> Standard	<small>For teachers with 3 or more years experience</small> <input type="checkbox"/> Formative Year 1 <input type="checkbox"/> Formative Year 2 <input type="checkbox"/> Standard		<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory <input type="checkbox"/> Not Applicable (Formative Only)	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
GEORGIA TEACHER OBSERVATION INSTRUMENT SUMMARY COMMENTS							MARK ONLY AREAS FOR REQUIRED PDP		
							A. Instructional Level		<input type="checkbox"/>
							B. Content Development		
							1. Teacher - Focused		<input type="checkbox"/>
							2. Student - Focused		<input type="checkbox"/>
							C. Building for Transfer		<input type="checkbox"/>
							A. Promoting Engagement		<input type="checkbox"/>
							B. Monitoring Progress		<input type="checkbox"/>
							C. Responding to Student Performance		<input type="checkbox"/>
							D. Supporting Students		<input type="checkbox"/>
							A. Use of Time		<input type="checkbox"/>
							B. Physical Setting		<input type="checkbox"/>
							C. Appropriate Behavior		<input type="checkbox"/>
GEORGIA TEACHER DUTIES AND RESPONSIBILITIES INSTRUMENT SUMMARY COMMENTS							IDENTIFY GTDRI AREAS FOR REQUIRED PDP (REFER TO INSTRUMENT FOR CODES)		

(Signatures) PRIMARY EVALUATOR _____ DATE _____
 TEACHER _____ DATE _____
 PRINCIPAL _____ DATE _____

Teacher's Comments _____

Sign and return copy to principal's office. Signature acknowledges receipt of form, not necessarily concurrence. Written comments may be provided and/or attached. Initial and date here if comments are attached.