|  |  |
| --- | --- |
| NAME        | EMPLOYEE ID       |
| POSITION       | DATE ENTERED THIS POSITION       |



**Professional Learning Growth Goal:**

**Evaluation Standard:**

**Approval Date:**

To be determined at Summative Conference and attached to Annual Evaluation.

**Participated in Professional Learning Community/ Collaborative Team**

**[ ]  Yes**

**[ ]  No**

**Professional Growth Goal**

[ ]  **Met**

**[ ]  In Progress**

**[ ]  Did not meet**

Evaluator Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Summative Conference Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Comments (optional):

***If the employee does not meet either of the above criteria for recertification per PSC Rule 505-2-.36, please contact the Certification Office of the Human Resources Division.***