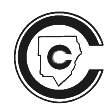
|  |  |
| --- | --- |
| NAME | EMPLOYEE ID |
| POSITION | DATE ENTERED THIS POSITION |



**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.***