

#### **OXNARD SCHOOL DISTRICT**

1051 SOUTH A STREET • OXNARD, CALIFORNIA 93030 • 805 / 385-1501

# Permanent Teacher Final Summary Report

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Name |  | Position |  | School |  | Grade/Subject |

|  |  |  |
| --- | --- | --- |
| CSTP Standard | Does Not Meet Standards | **Meets Standards** |
| **1. Engaging and Supporting all Students in Learning  N/A**🞎 | **1** | **2** | **3** | **4** |
| **2. Creating and Maintaining Effective Environments for Student Learning N/A**🞎 | **1** | **2** | **3** | **4** |
| **3. Understanding and Organizing Subject Matter for Student Learning N/A**🞎 | **1** | **2** | **3** | **4** |
| **4. Planning Instruction and Designing Learning Experi-ences for All Students N/A**🞎 | **1** | **2** | **3** | **4** |
| **5. Assessing Student Learning** **N/A**🞎 | **1** | **2** | **3** | **4** |
| **6. Developing as a Professional Educator**  | **1** | **2** | **3** | **4** |

**FINAL EVALUATION:**

**** Unsatisfactory  **** Developing **** Maturing **** Exemplary

**Unsatisfactory Practice**

 Referral to PAR: Yes  No  **Recommendation for Rehire:** Yes  No 

 PIP Plan: Yes  No 

 **Developing Practice**

 Re-Evaluate Standard(s)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I acknowledge that this report has been discussed with me. I understand that my signature does not necessarily indicate agreement. I also understand that I have the right to respond to this report in writing within five days and such response will be attached to and become a permanent part thereof.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |
| Site Evaluator’s Signature |  | Date |  | Teacher’s Signature |  | Date |

Rev 090415 JV/af: P-6-PermanentTeacherFinalEvaluationSummaryReport