

**PARK CITY SCHOOL DISTRICT  
EDUCATOR EVALUATION FORMATIVE PROCESS FORM  
(To be completed by the educator)**

Name: \_\_\_\_\_ School: \_\_\_\_\_ Year: \_\_\_\_\_

**Evaluation Status:** (check one)     Track 2     Track 4

**Menu Track 2:**

- Study Group
- Self-appraisal
- Video Taping of Teaching
- Action Research
- Other \_\_\_\_\_

**Menu Track 4:**

- Peer Coaching/Observation
- Portfolios
- District Inservice
- School District Committee
- School Committee
- Other \_\_\_\_\_

**A. Description of Activity**

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**B. Goals (minimum of two) for Activity Selected**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**C. Timeline for Meeting Goals**

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**Date Approved:** \_\_\_\_\_

\_\_\_\_\_  
Principal's Signature

\_\_\_\_\_  
Educator's Signature

**D. Benefits of Activity (to be completed by educator)**

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**Date of Final Review:** \_\_\_\_\_

\_\_\_\_\_  
Principal's Signature

\_\_\_\_\_  
Educator's Signature

**Administrator Comments:**

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**Educator Comments:**

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