

# ASSURANCES

## CERTIFIED EVALUATION PLAN

The **Southgate Independent** School District hereby assures the Commissioner of Education that:

This evaluation plan was developed by an evaluation committee composed of an equal number of teachers and administrators.

The evaluation process and criteria for evaluation will be explained to and discussed with all certified personnel annually within 30 calendar days of reporting for employment. This shall occur prior to the implementation of the plan. The evaluation of each certified staff member will be conducted or supervised by the immediate supervisor of the employee.

All certified employees shall develop a Professional Growth Plan (PGP) that shall be aligned with the school/district improvement plan and comply with the requirements of 704 KAR 3:370. The PGP will be reviewed annually.

All administrators, to include the superintendent, and non-tenured teachers will be evaluated annually.

All tenured teachers will be evaluated a minimum of once every three years.

Each evaluator will be trained and approved in the use of appropriate evaluation techniques and the use of local instruments and procedures.

Each person evaluated will have both formative and summative evaluations with the evaluator regarding his/her performance.

Each evaluatee shall be given a copy of his/her summative evaluation and the summative evaluation shall be filed with the official personnel records.

The local evaluation plan provides for the right to a hearing as to every appeal, an opportunity to review all documents presented to the evaluation appeals panel, and a right to presence of evaluatee's chosen representative.

The evaluation plan process will not discriminate on the basis of race, national origin, religion, marital status, sex, or disability.

This evaluation plan will be reviewed as needed and any substantive revisions will be submitted to the Department of Education for approval.

The local board of education approved the evaluation plan as recorded in the minutes of the meeting held on \_\_\_\_\_.

\_\_\_\_\_  
Signature of District Superintendent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Chairperson, Board of Education

\_\_\_\_\_  
Date