Hardin County Schools Summary of Evidence

 Other District Certified Employees

Employee Name: Click here to enter text.

Department: Click here to enter text. Role: Choose an item.

Date: Click here to enter a date.

Overall Score: Choose an item.

Non-Administrator Domains

Planning and Preparation:Choose an item.

The Classroom Environment:Choose an item.

Instruction:Choose an item.

Professional Responsibilities:Choose an item.

Administrator Standards

Instructional Leadership: Choose an item.

School Climate: Choose an item.

Human Resource Management: Choose an item.

Organizational Management: Choose an item.

Communications and Community Relationship: Choose an item.

Professionalism: Choose an item.

Overall Comments from Evaluator:Click here to enter text.

[ ] I agree with this evaluation.

[ ] I do not agree with this evaluation.

Evaluatee Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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