TPGES/OPGES Hardin County Schools Summary of Evidence

Employee Name: Click here to enter text.

School: Click here to enter text.

Date: Click here to enter a date.

Overall Score: Choose an item.

Overall Professional Practice:Choose an item.

Planning and Preparation:Choose an item.

The Classroom Environment:Choose an item.

Instruction:Choose an item.

Professional Responsibilities:Choose an item.

Professional Practice Comments from Evaluator:Click here to enter text.

Overall Student Growth:Choose an item.

Local Student Growth:Choose an item.

State Contribution Student Growth:Choose an item.

Student Growth Goal Comments from Evaluator:Click here to enter text.

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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*\*Use only when department-approved technology platform is unavailable. Enter data when technology is available.