SCHOOL DISTRICT of UNIVERSITY CITY

ADMINISTRATOR RECOMMENDATION

BY EVALUATOR

Administrator: _____ School Year: _____

Building: _____ Date: _____

Position: _____ Evaluator: _____

Based upon my professional judgment, I recommend that the employee:

(check one)

1. ☐ Be reemployed for the next school year.

2. ☐ Not be reemployed for the next school year.

_____ _____

Evaluator Date Administrator Date

Signatures indicate that the contents of this form have been discussed by evaluator and employee.

Attachments: Summative Evaluation

Performance Improvement Plan (if applicable)