

Summative Evaluation Form

Teacher's Name: _____ School Year: _____

School: _____ Subject Area: _____

Evaluator: _____ Date: _____

Criteria:	Score
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	

Total Score: 0

Average Score: #DIV/0!

Evaluator's Comments:

Teacher Comments:

Teacher Signature/Date

Evaluator Signature/Date