| Name of Evaluatee:  | Name of Evaluator:  | Date:  |
| --- | --- | --- |

**School Year:**  **Interim Growth Measurement Summary**

| Summary of data obtained from observation, conferences, and other evidence supporting performance growth as related to *Body, Soul, and Spirit*Progress in areas of focusAreas of needed improvement (requires an assistance plan) |
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| **Response from Evaluatee:** |
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| Evaluatee Signature: |  |  |  |
| --- | --- | --- | --- |
| Evaluatee’s Role: |  | Date: |  |

| Evaluator Signature: |  |  |  |
| --- | --- | --- | --- |
| Evaluator’s Role: |  | Date: |  |

rmg revised 7/5/2021