**Cortland Enlarged City School District**

**Administrator's Summative Narrative**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name:** |  |  | **Date:** |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Status:** | **Tenured**  **(+Nurses following 3 years of service)** |  | **Recommendation:** | **Individual Support Plan** |
|  | **Probationary** |  |  | **Continuation** |
|  |  |  |  | **Tenure** |

**Supervision Choice:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Formal Probationary** | **Formal Tenured** |  |  |
| Formal | Formal |  |  |
| *(due April 15)* | *(due by close of school )* |  |  |
|  |  |  |  |
| Individual | Individual |  |  |
| Support Plan | Support Plan |  |  |
| *(due April 15)* | *(due by June 1)* |  |  |
|  |  |  |  |

***Discuss the degree to which the staff member was able to attain the goals in his/her Annual Action Plan.*** *What positive impact on student achievement did you observe? Were there other experiences that contributed significantly to his/her professional growth? Describe area(s) of strength and area(s) of concern in relation to the Danielson’s Framework for Specialist.*

|  |  |  |
| --- | --- | --- |
|  | | |
| ***Staff Member's Signature - acknowledging review of this evaluation only; does not indicate agreement or disagreement with the contents.*** |  |  |
|  |  |  |
| ***Administrator's Signature*** |  | ***Date*** |

**Signed original to circulate and initial as follows: Asst. Supt. for C & I or PPS \_\_\_\_\_\_\_\_\_\_\_\_\_ *initial***

**Superintendent \_\_\_\_\_\_\_\_\_\_\_\_\_ *initial***

**Personnel Office (file) \_\_\_\_\_\_\_\_\_\_\_\_\_ *initial***

**cc: Principal**

**Staff Member**

**Administrative Supervisor**