**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.*

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| --- |
|  |
| ***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**