ST. JAMES-ASSINIBOIA SCHOOL DIVISION

GCNA-E-8
LL 104514

Annual School Report

Teacher Evaluation

Note: If a teacher has selected or was placed in more than one route during the reporting period, indicate the dates for each period and indicate the route selection with an "X".

School: _____ Principal: _____ (signature)

Superintendent/CEO _____ (signature) Vice-principal(s): _____ (signature)

Reporting period: _____ to _____

Note: indicate with a number, the number of goals in each category.

Teacher's Name	Professional Development Route				Evaluation Route				
	Singular	Administrative Coaching	Coaching	Mentoring	3 Year Cycle	Promotion	New Teacher	Performance	Later Probation

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