

**BOGALUSA CITY SCHOOL SYSTEM
SELF EVALUATION FORM**

Employee's Name: _____ Position/Title/Grade/Assignment: _____
Location: _____ Experience: ___0-3 ___4+ Date: _____

Section I and II must be completed by each individual employee for every school year. Section III must be completed by an instructional employee only.

I. Performance as it pertains to the achievement of Professional Growth Objectives cooperatively determined for school improvement and/or professional development.

Progress towards Objective(s): ___Met or Surpassed ___Partially Attained ___Not Attained

Comments:

II. Description of activities pursued to reflect upon performance in light of indicators of effective teaching for instructional personnel and in light of Job Description responsibilities for all other personnel.

III. Indicators of effective teaching which will provide the focus for future professional development including rationale for why these indicators were selected.

Employee's Signature: _____

Date: _____