BOGALUSA CITY SCHOOL SYSTEM
PERSONNEL ACCOUNTABILITY UPDATE FORM

School Site _____ School Year _____ Administrator Completing Report _____

Name	Social Security Number	Cycle	0-3 years	4+ years	Professional Growth Plan Evaluation	Date(s) of Self Evaluation	Date(s) of Job Description Review	Date(s) of Informal Observation	Date(s) of Formal Observation	Date(s) of Formal Evaluation

Revised July 2006