APPENDIX IIE

5/04

OPTION 1 – PROJECT EVALUATION

{To be completed upon conclusion of project or if teacher leaves the district.)

District ____________________ School ____________________ Date_____________

Name __________________________________

Expiration Date:________________________

Certification(s)
1. ______________________
2. ______________________
3. ______________________
4. ______________________

Summary of Actions Taken

Reflect your goals and how they were met.
How does this work affect your teaching and support student learning?

Administrator has determined that ___________hours towards re-certification requirements have been satisfied.

By ____________________ Staff Member Date:____________________	By ____________________ Administrator/Designee Date:____________________	By ____________________ Superintendent of Schools Date:____________________

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