EXPERIENCED TEACHER EVALUATION TRACKING FORM
(Career Teachers)

School: _____ **Year:** _____

Principal's Signature: _____ **Date:** _____
(Verifies completion of evaluation activities)

			Summative/ Accountability Tasks							Professional Growth/ Formative Tasks				
Name	**Cycle PG SA**	**Review Year** (year license expires)	**TPAI Full Review**	**Pre-Conference**	**Post-Conference**	**TPAI Snapshot**	**TPAI Snapshot**	**IGP**	**Summative Evaluation Form**	**Snapshot**	**TPAI Snapshot**	**IGP**	**Summative Evaluation Form**	**Evaluator**

Cycle: PG = Professional Growth **SA** = Summative Accountability **Review Year:** Year that the teaching license expires