



West Bend School District's

Social Work

Pupil Services Summative Evaluation

(Based on the Wisconsin Standards for Pupil Services)

Professional Summative Evaluation Form

Name: _____ Conference Date: _____

Grade/Subject: _____ School: _____

This evaluation document is based upon observations & discussions. It assesses areas that include but are not limited to:

- *Performance behaviors (as outlined in the Supplementary Formative Evaluation Form)*
- *Professional behaviors (as outlined in the Supplementary Formative Evaluation Form)*

Summative Evaluation:

Recommended contract status: Continuing Probationary Other

Evaluator: _____ Date: _____

Teacher*: _____ Date: _____

**My signature is only an acknowledgement that I have read this evaluation.*