

SCHOOL LEADERSHIP TEAM ANNUAL EVALUATION FORM

School Name:	Level: <input type="checkbox"/> ES <input type="checkbox"/> MS <input type="checkbox"/> HS	Year:
Parent Representative:		<input type="checkbox"/> Mandatory <input type="checkbox"/> Elected
Date:	Years Served on SLT: <input type="checkbox"/> 0-1 <input type="checkbox"/> 1-3 <input type="checkbox"/> 4+	

SCHOOL LEADERSHIP TEAM (SLT) ASSESSMENT OF PRINCIPAL FORM

School Name:	Level: <input type="checkbox"/> ES <input type="checkbox"/> MS <input type="checkbox"/> HS	Year:
Parent Representative:		<input type="checkbox"/> Mandatory <input type="checkbox"/> Elected
Date:	Years Served on SLT: <input type="checkbox"/> 0-1 <input type="checkbox"/> 1-3 <input type="checkbox"/> 4+	

Please rate the principals' performance in developing an effective shared decision-making relationship with the School Leadership Team (SLT) during the year based upon your experience as an SLT member.

Excellent Very Good Good Satisfactory Needs Improvement

COMMENTS:

I have read and understand the contents of this document. I certify that the answers are based on my own experiences.

_____ Signature/Date
 Parent/Staff Name

This evaluation has been received by the Department of Education.

_____ Signature/Date
 Print Name