



LEBANON SPECIAL SCHOOL DISTRICT

Educator Name: \_\_\_\_\_ *Performance Assessment Continued*

<b>Areas of Strength:</b>		<b>Areas to Strengthen:</b>	
Domain: _____ Indicator: _____ Statement: _____	Domain: _____ Indicator: _____ Statement: _____	Domain: _____ Indicator: _____ Statement: _____	Domain: _____ Indicator: _____ Statement: _____
Domain: _____ Indicator: _____ Statement: _____	Domain: _____ Indicator: _____ Statement: _____	Domain: _____ Indicator: _____ Statement: _____	Domain: _____ Indicator: _____ Statement: _____

**Recommendations made by Principal/Administrator:**  
*(Examples: professional growth goals suggested to educator; possible actions recommended for instructional improvement; required actions for improvement; etc.)*

**Educator comments regarding Performance Assessment:** *(Attach additional sheets if necessary)*

A signature on this Educator Performance Assessment indicates that the Educator and Principal/Administrator have discussed the above information.

\_\_\_\_\_  
**Educator Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Principal/Administrator Signature**

\_\_\_\_\_  
**Date**