

Performance Indicator Feedback Form

School Librarian: _____ Date: _____

School: _____ Subject: _____ Academic Year: _____

Standard #	
Quality Indicator #	
Date of Observation:	
Evaluator Comments:	Overall Performance Rating <input type="checkbox"/> Emerging <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> Developing <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> Proficient <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> Distinguished <input type="checkbox"/> 7
School Librarian Comments:	
Date of Observation:	
Evaluator Comments:	Overall Performance Rating <input type="checkbox"/> Emerging <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> Developing <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> Proficient <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> Distinguished <input type="checkbox"/> 7
School Librarian Comments:	
Date of Observation:	
Evaluator Comments:	Overall Performance Rating <input type="checkbox"/> Emerging <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> Developing <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> Proficient <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> Distinguished <input type="checkbox"/> 7
School Librarian Comments:	

School Librarian Signature/Date

Evaluator Signature/Date

Signatures indicate the document has been reviewed and discussed.