IPEGS DOCUMENTATION COVER SHEET

Professional's Name: Assessor's Name:		Employee Number:	
		School Year	
staple in last day	the upper left hand corner. Submit the	items in sequential order behind this cover sheet and ne packet to your assessor 35 calendar days prior to the als. Assessors will review the submission and make this cover sheet.	
Check if submitted	Required Item		
	made in instructional delivery and completion of professional developme college/university credit during the	d Growth Experiences ment/growth experiences that contributed to the improvements student achievement – Provide evidence of the successful int that result in the accumulation of Master Plan Points and/or evaluation year. Additionally, professionals may provide experiences. The IPDP is not a part of the IPEGS evaluation.	
	Assessor Evaluative Notes		
	Communication Provide evidence of how the professional of students).	communicates with stakeholders (e.g., families, staff, faculty, and	
	Assessor Evaluative Notes		
Reviewed Assessor	d by: 's Signature:	Date:	