DOCUMENTATION COVER SHEET
STUDENT SERVICES PROFESSIONAL

Professional's Name_____ **Employee Number**_____

Assessor's Name _____ **School Year**_____

<u>Professional Directions</u>: Place required items in order behind this cover sheet and staple in the upper left hand corner. Submit the packet to your administrator 10 calendar days before the summative evaluation meeting.

Check if submitted	**Required Item**
☐	*Service log or program plan* (e.g., program planning)
☐	*Sample product* **(optional)**
☐	*Goal Setting for Learner/Program Progress* Summarize the End-of-Year Data Results here, for the completion of Section VII of the *Goal Setting for Learner/Program Progress Form.* Accompanying data and other evidence of goal progress may be included in the summary and/or attached.

☐ Data Attached

☐	*Communication* Provide evidence of how the professional communicates with stakeholders.
☐	*Professional Development/Professional Growth Experiences* Provide evidence of the successful completion of professional development that result in the accumulation of Master Plan Points during the evaluation year. Additionally, professionals may provide evidence of other professional growth experiences.