



Professional Responsibilities Evidence Form

Check all components that apply:

- | | |
|--|--|
| <input type="checkbox"/> 4a. Reflecting on teaching | <input type="checkbox"/> 4b. Maintaining accurate records |
| <input type="checkbox"/> 4c. Communicating with family | <input type="checkbox"/> 4d. Participating in the professional community |
| <input type="checkbox"/> 4e. Growing and developing professionally | <input type="checkbox"/> 4f. Showing professionalism |

Date of Evidence Observation:

Professional Responsibilities Evidence

Teacher Signature:

Teacher Date:

Principal Signature:

Principal Date: