

### STEP 3 – Final Evaluation Form

**Purpose:** The purpose of this form is for teachers and staff members to reflect on their professional growth at the end of the school year. This form aligns with the teacher’s or staff member’s annual goal statement for the current school year. Additionally, this form invites teachers and staff members to communicate any needs to support their future professional growth and/or certification timeline.

**TEACHER/STAFF MEMBER NAME**

**POSITION/TITLE**

**NUMBER OF YEARS EMPLOYED AT CURRENT SCHOOL (IF HIRED THIS YEAR, WRITE ‘FIRST YEAR’)**

**NUMBER OF YEARS EMPLOYED IN CURRENT POSITION (IF BEGAN NEW ROLE/POSITION THIS YEAR, WRITE ‘FIRST YEAR IN THIS ROLE’)**

#### ANNUAL GOAL STATEMENT (COMPONENT 4A)

Restate your annual professional growth goal statement for the current school year. *Note: Refer to Annual Goals Form.*

Describe the extent to which you achieved your goal this school year.

**SCHOOL COMMUNITY CONTRIBUTIONS AND FAMILY INVOLVEMENT (COMPONENTS 4C, 4D, & 4F)**

In what ways did you contribute to the school community and culture this year? How will you continue to enhance this area next year?

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In what ways did you make efforts to engage families and communities this year? How will you continue to enhance this area next year?

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Describe a few specific examples of how you acted in service of students this school year. How will you continue to enhance this area next year?

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**GROWING AND DEVELOPING PROFESSIONALLY (COMPONENT 4E)**

List any professional development (PD) events, sessions, or workshops you engaged in this year.

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How did these PD opportunities support your professional growth and/or enhance your knowledge and skills?

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What PD opportunities do you hope to engage in over the summer and/or next school year?

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### Certification Policy and Cycle

#### 3421 Certification Requirements for Archdiocesan Teachers

All full-time teachers and all part-time teachers of core/required subjects employed by the Archdiocese must have, or must obtain, Maryland, Virginia or District of Columbia certification within three (3) years of the date of hire or alternative certification as defined by the Catholic Schools Office. ([Policies for Catholic Schools](#), 2023).

Indicate your certification status, if applicable. (Check one):

Maryland and Virginia	Washington DC	Year Not Certified in MD, VA, or DC Since Employed by ADW School
<input type="checkbox"/> Certification Year 1 (CY1)	<input type="checkbox"/> Certification Year 1 (CY1)	<input type="checkbox"/> Not Certified Year 1 (NC1)
<input type="checkbox"/> Certification Year 2 (CY2)	<input type="checkbox"/> Certification Year 2 (CY2)	<input type="checkbox"/> Not Certified Year 2 (NC2)
<input type="checkbox"/> Certification Year 3 (CY3)	<input type="checkbox"/> Certification Year 3 (CY3)	<input type="checkbox"/> Not Certified Year 3 (NC3)
<input type="checkbox"/> Certification Year 4 (CY4)	<input type="checkbox"/> Renewal Year (RY)	
<input type="checkbox"/> Renewal Year (RY)		
<input type="checkbox"/> I do not know my certification status.		

CERTIFICATION STATUS AND TIMELINE (COMPONENT 4E)
Write your action plan and timeline for acquiring or maintaining your MD, VA, or DC educator certificate, if applicable.
List any resources you will need in support of your educator certification timeline.

**OPTIONAL: ADDITIONAL COMMENTS**

**Teachers and Staff:** Include any additional comments to share with your principal.

Empty box for Teachers and Staff comments.

**PRINCIPAL COMMENTS**

Empty box for Principal comments.

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**TEACHER/STAFF NAME (PRINT OR TYPED)**

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**PRINCIPAL NAME (PRINT OR TYPED)**

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**TEACHER/STAFF SIGNATURE AND DATE**

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**PRINCIPAL SIGNATURE AND DATE**

**Distribution:** One copy to Employee, one copy to Supervisor, and original copy to Employee File.