INSTRUCTIONAL EVALUATION SIGN-OFF FORM

To Be Completed by Principal	
Center	
Teacher's Name	
School Year	
Final Evaluation Score	Rating
Principal Signature	Date
To Be Completed by Certified Employee	
 My principal reviewed my final evaluation with me. I understand a detailed e-version of my evaluation is available by logging into FASTe. I understand I have the option to print a hard copy of my evaluation at any time. I understand that my evaluation is locked and no further changes can be made as of the date of my signature. 	
Employee Comments	
Employee Signature	Date
Send to Human Resources by due date.	