

**COMPREHENSIVE ASSESSMENT  
APPRAISAL RECORD**

**EDUCATOR NAME:** \_\_\_\_\_

**Purpose:** \_\_\_\_\_  
**Other:** \_\_\_\_\_

This form is to be completed after each observation cycle (planning, observation, reflection). Feedback regarding areas not included in the observation process such as the Educator Information Record may be included.

**Feedback regarding Performance Standards:**

**AREAS OF STRENGTH**  
(Must include at least one)

**Domain** \_\_\_\_\_

**Indicator** \_\_\_\_\_

**Statement: (Type Below)**

**Domain** \_\_\_\_\_

**Indicator** \_\_\_\_\_

**Statement: (Type Below)**

**Domain** \_\_\_\_\_

**Indicator** \_\_\_\_\_

**Statement: (Type Below)**

**AREAS TO STRENGTHEN**

**(Must include at least one)**

**Domain \_\_\_\_\_**

**Indicator \_\_\_\_\_**

**Statement: (Type Below)**

**Domain \_\_\_\_\_**

**Indicator \_\_\_\_\_**

**Statement: (Type Below)**

**Domain \_\_\_\_\_**

**Indicator \_\_\_\_\_**

**Statement: (Type Below)**

**Educator comments regarding the educator's evaluation to this point: (Attach additional sheets if necessary.)**

**The signatures below indicate that the above information has been shared and discussed.**

\_\_\_\_\_  
*Educator/Date*

\_\_\_\_\_  
*Evaluator or Observer/ Date*