# Administrative Evaluation Form
# Fall Planning Goals and Self Assessment

Employee: _____ Year: _____
Supervisor: _____ Date of Conference: _____

The following is the evaluator's assessment as measured by the California Professional Standards for Educational Leaders (CPSEL). (When completing this form, the supervisor should evaluate the same standards the administrator chose for their fall planning goals. Refer to the SCCS CPSEL rubric for your assessment.)

☐ CPSEL Standard: _
Descriptors:

_ **Supervisor's Assessment:**
_ **Supervisor's Assessment:**
_ **Supervisor's Assessment:**
_ **Supervisor's Assessment:**

**Supervisor's evaluation:** _____

_____ _____
Employee signature Date Supervisor signature Date

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Supervisor: _____

☐ CPSEL Standard: _
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_____ _____
Employee signature Date Supervisor signature Date

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_____ _____
Employee signature Date Supervisor signature Date