

ESCONDIDO UNION SCHOOL DISTRICT

**CERTIFICATED STAFF ALTERNATIVE EVALUATION
PROPOSAL/DOCUMENT**

Evaluatee's Name _____ Site/Dept. _____
Grade Level _____
Job Title _____ School Year _____

Are you eligible certificated staff members proposing to participate in the same evaluation project?
 Yes No

If yes, name(s) _____

The following is proposed as an alternative evaluation project for my regular evaluation: (use additional paper if needed)

My objectives are proposed as follows:

The following are the anticipated outcomes:

The outcomes will be measured for success in the following ways:

I recognize that participation is strictly voluntary and the decision whether or not this is approved is solely that of the immediate supervisor, and does not preclude the evaluator from including other information in the final evaluation as long as it conforms with Article XIV Evaluation B. Observation and C. Final Evaluation.

Signature

Date

Mid-year Objectives Review _____

Year-end Objectives Review _____