SCHOOL DISTRICT OF HENDRY COUNTY
District Administrator Evaluation Form
OBSERVATION AND DATA COLLECTION/ANALYSIS SUMMARY

Name_________________________ Position_____________________
School_________________________ School Year________________

Leadership Practice Score (50% of Evaluation)
Florida School Leaders Indicators Score________ x.80= __________
Deliberate Practice Score __________ x.20= __________
Total Points __________

Student Growth Measure Score (50% of Evaluation District VAM Score)
Student Growth Measure Points Earned from School Grade __________
Student Growth Measure Points Earned from Percentage of Student Proficient in Reading __________
Total Points __________

Performance Score (Total Leadership Practice Score + Student Growth Measure Score)

<table>
<thead>
<tr>
<th></th>
<th>Unsatisfactory</th>
<th>Needs Improvement</th>
<th>Effective</th>
<th>Highly Effective</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>0 - 148</td>
<td>149 - 300</td>
<td>301 - 479</td>
<td>480 - 600</td>
</tr>
</tbody>
</table>

Comments of the Evaluatee
________________________________________________________________________

Comments of the Evaluator
________________________________________________________________________

This evaluation has been discussed with me: Yes No
_________________________________________ ___________  ___________________________ ___________
Signature of Evaluatee       Date       Signature of Evaluator       Date

Signature does not necessarily indicate agreement with this evaluation.

Distribution: 1) Copy Evaluator       1) Copy Evaluatee       1) Copy Human Resources Department