

Intent to Evaluate Form

2023-2024

“I hereby certify, as evidenced by my signature below, that I was informed on the date indicated below of the District’s intent to evaluate my job performance during the current school year pursuant to the provisions of either article 16 of the District/FTA Collective Bargaining Agreement, section 44662 of the California Education Code, or Board Policy 4315, whichever is applicable to my present job classification.”

**_____
Name of Teacher to be Evaluated in 23/24**

**_____
Teacher Signature**

23/24 School Site: _____

Evaluator Name: _____

Evaluator Signature: _____

Date: _____