

**RICHLAND PARISH SCHOOL BOARD
INSTRUCTIONAL PERSONNEL SELF-EVALUATION**

SELF-EVALUATION PLAN

Evaluatee _____ **Position** _____ **Date** _____

Evaluator _____ **Position** _____

Evaluation Period _____ **to** _____

	Strengths	Weaknesses
1. Planning		
2. Management		
3. Instruction		
4. Implementation		
5. Professional Growth Plan		

Evaluators

Date

Evaluatee

Date

The above signature indicates that I have read the Professional Growth Plan. It is not intended as an expression of agreement or disagreement.

Approved:

WHITE-RPSB YELLOW-Evaluator PINK-Evaluatee