

Cover Page Differentiated Supervision Assessment Form

Teacher Name Nicole Butler	Employee I.D.# 1001748
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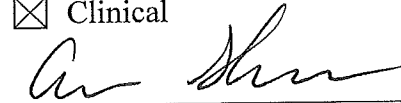
I certify that the above named professional has completed the requirements of the following supervision track beginning period 8/27/2009 (month/day/year) and ending 1/15/2010 (month/day/year) As described in the Derry Township School District Differentiated Supervision Plan to have an overall assessment that is: ☒ Satisfactory* ☐ Unsatisfactory*

☐ Peer Coaching

☐ Professional Dialogue

☐ Independent Proposal

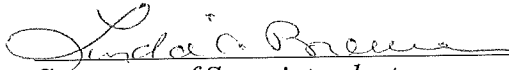
☒ Clinical



Signature of Principal/Assistant Principal

1-27-10

Date



Signature of Superintendent

2-1-10

Date


Overall Justification for Evaluation

Successful completion of semester 1 in the clinical track.

Commendations: (optional)

Professional Development Areas:

The teacher should continue to develop her knowledge base regarding instructional strategies related to the young adolescent.



Name of Employee

Nicole Butler

Signature of Employee

1/27/10

Date