

**Cover Page Differentiated Supervision Assessment Form**

Teacher Name Nicole Butler

Employee I.D.# 1001748

I certify that the above named professional has completed the requirements of the following supervision track beginning period 8/30/2009 (month/day/year) and ending 1/14/2011 (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

1/19/11

Date

Signature of Superintendent

Date

## Overall Justification for Evaluation

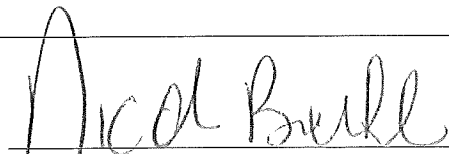
Successful completion of semester 1 in the clinical track.

## Commendations: (optional)

The teacher works to provide students with opportunities for success that extend beyond the classroom.

## Professional Development Areas:

The teacher should continue to develop and communicate clear learning goals to students.



Name of Employee



Signature of Employee

1/26/11

Date