

OAKLAND UNIFIED SCHOOL DISTRICT  
Evaluation Report

Tenured yes no  
Probationary 1 2 3  
circle one

Tajiri, Mrs. Marion [Redacted] 1974-75 4<sup>th</sup> gr. Bella Vista  
Certificated Employee Soc. Sec. No. School Year Assignment School & Site  
#102

Evaluation Plan I and II

Submitted: 9-30-74 Date Conference: 10-11-74 Date Agreement: 10-11-74 Date

Evaluator Signature: Jerry Polk Evaluatee Signature: Marion Tajiri

Procedure When Agreement Cannot Be Reached: If Applicable:  
1. Evaluator/Evaluatee: Conference Date: \_\_\_\_\_  
2. Evaluator/Evaluatee/Site Administrator: Conference Date: \_\_\_\_\_  
3. Evaluator/Evaluatee/Two Conferees: Conference Date: \_\_\_\_\_  
4. Written Response by Associate Superintendent/Superintendent: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

During Evaluation Period

Dates of Observation: 1-16-75 3-3-75 4-1-75  
Post Observation Conference Dates: 1-22-75 3-6-75 4-7-75  
Comments on evaluation plan, review of progress, changes in objectives, etc.: \_\_\_\_\_

Degree of Achievement Plan I-II received 4-17-75

Final Evaluation (Interim Assessment Report—Probationary First Year)

	<u>Satisfactory</u>	<u>Unsatisfactory</u>
Student Progress	<u>✓</u>	_____
Professional Competence	<u>✓</u>	_____
Control and Learning Environment	<u>✓</u>	_____
Other Duties and Responsibilities	<u>✓</u>	_____

Comments: Creative teacher; conscientious, excellent manner with children/ has developed good class morale and has provided the motivation to study and learn; provides a good classroom environment with many individualized learning activities.

Personnel Action Recommended

Continued Employment ✓ Dismissal \_\_\_\_\_  
Tenure \_\_\_\_\_ Other \_\_\_\_\_

4-24-75 Jerry Polk April 24, 1975 Marion Tajiri  
Date Evaluator Date Evaluatee

Signature does not imply agreement.

Procedure for Review: If Applicable:  
1. Evaluator/Evaluatee: Conference Date: \_\_\_\_\_  
2. Evaluatee/Evaluator/Site Administrator: Conference Date: \_\_\_\_\_  
3. Letter of Rebuttal: Date: \_\_\_\_\_  
4. Response by Associate Superintendent/Superintendent: \_\_\_\_\_  
Evaluation Report: Approved \_\_\_\_\_ Disapproved \_\_\_\_\_  
Signature \_\_\_\_\_ Date: \_\_\_\_\_

copies: White copy - certificated personnel office  
Yellow copy - evaluatee  
Pink copy - associate superintendent/superintendent  
Gold copy - evaluator  
Green copy - unit administrator