

OAKLAND UNIFIED SCHOOL DISTRICT
Evaluation Report

Tenured yes no
Probationary 1 2 3
circle one

Tajiri Marion [Redacted] 1978-79 4th grade Bella Vista
Certificated Employee Soc. Sec. No. School Year Assignment School & Site
#102

Evaluation Plan I and II

Submitted: 9/29/78 Date Conference: 10/11/78 Date Agreement: 10/11/78 Date

Evaluator Signature: [Signature] 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: 12/12/78 2/15/79 3/30/79
Post Observation Conference Dates: 12/14/78 2/21/79 4/2/79

Comments on evaluation plan, review of progress, changes in objectives, etc.:
A well-prepared teacher / artistic / well-organized - good class management skills.
Degree of achievement submitted 4/2/79

Final Evaluation (Interim Assessment Report—Probationary First Year)

	Satisfactory	Unsatisfactory
Student Progress	<u>✓</u>	_____
Professional Competence	<u>✓</u> * 3 highly effective	_____
Control and Learning Environment	<u>✓</u> * 3 effective	_____
Other Duties and Responsibilities	<u>✓</u>	_____

Comments: A very capable, experienced teacher - Good lesson planning.
provides a rich and well-organized setting for learning.
Gives extra time to promote school's program and activities.

Personnel Action Recommended

Continued Employment ✓ Dismissal _____
Tenure _____ Other _____
Date 4/24/79 Evaluator [Signature] Date 4/24/79 Evaluatee Marion Tajiri

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