

**COMPREHENSIVE ASSESSMENT
APPRAISAL RECORD**

EDUCATOR NAME: _____

DATE: _____

This form is to be completed after each planning, observation, reflection cycle. Feedback regarding areas not included in the observation process such as the Educator Information Record may be included.

Feedback regarding Performance Standards:

Evaluator/educator comments regarding the educator's evaluation to this point:

The signatures below indicate that the above information has been shared and discussed.

Educator

Evaluator