**EVALUATION TYPE: LIVE EVALUATION VIDEO EVALUATION**

**WAIVER OF EVALUATORS**: Select and **PRINT** your name in only **ONE** selection

* I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, am exercising my right to use **ONLY** my building administrators for my evaluations/walk-throughs.
* I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, waive my rights for not only my building administrator to conduct my evaluations, but also allow **ANY** full-time, credentialed, Clearview personnel to participate in the Evaluation process without specification. Evaluation observations/walk-throughs may be conducted by any of the following personnel, provided the above criteria are fulfilled:
* Principal/Assistant Principal (any building)
* Director/Supervisor in any educational administrative role (i.e. Special Education, Curriculum)
* Person designated to conduct evaluations under an agreement providing for peer review entered into by a board of education and representatives of teachers employed by that board (i.e. Peer Evaluator)
* I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, am exercising my right to be evaluated by any of the selected evaluators for the current school year. (select **ALL** that apply)
* Curriculum Director

Special Notes or Comments about selection(s):

* Special Education Supervisor
* CHS Principal
* CHS Asst. Principal
* DMS Principal
* DMS Asst. Principal
* VES Principal
* Peer Evaluator: None at this time

Signature of Teacher Date

Teachers will be notified of their evaluator assignment after the first meeting of the Professional Growth Team (PGT).

Building