

**Annual Performance Review
Plattsburgh City School District
Option Selection Form**

Staff Member: _____

Supervisor: _____

Building: _____

Evaluation Year: _____

Please check one option below.

_____ **Formal Administrator Observation Matrix**

_____ **Goal Setting**

_____ **Peer Partnering/Coaching**

_____ **Professional Portfolio**

(Teacher's signature)

(Supervisor's signature)

Directions: Teacher indicates evaluation option for the following school year. Principal and teacher initial confirmation of the teacher's selection. This sheet is forwarded to the superintendent of schools before the end of the school year preceding the evaluation year.