

## TEAM Professionalism Rating Report

Teacher Name \_\_\_\_\_

Date \_\_\_\_\_

License Number \_\_\_\_\_

Evaluator Name \_\_\_\_\_

School Name \_\_\_\_\_

Indicator	Score
1. Professional Growth and Learning	
2. Use of Data	
3. School and Community Involvement	
4. Leadership	

Area of Reinforcement:

Area of Refinement:

Evaluator Signature \_\_\_\_\_

Date \_\_\_\_\_

Teacher Signature \_\_\_\_\_

Date \_\_\_\_\_