



FRESNO UNIFIED SCHOOL DISTRICT AT LEAST EVERY 5-YEAR EVALUATION CYCLE AGREEMENT FORM

Teacher Name _____ ID _____

Requirements (Please verify then check each box).

- Permanent status with FUSD
- Employed by the District at least ten (10) consecutive years
- Highly Qualified as defined in 20 U.S.C. 7801, et. Seq.
- Most recent evaluation rating is "meets" standards in all areas
- Evaluator and Unit Member consent to the 5-year cycle

Note: The unit member or the evaluator may withdraw from the agreement at any time. Should withdrawal occur, and in order to comply with the FUSD/FTA Collective Bargaining Agreement Article XVI Section 1 Number 4, the unit member must be informed before the close of the first two weeks of any school work year that the unit member will be evaluated that year. This provision shall not preclude a supervisor from making informal observations at any time.

We, the undersigned, formally agree that _____ at _____(site) has met the above requirements and will be evaluated on the "At Least Every 5-year Evaluation Cycle" beginning the 20___/20___ school year In order to comply with the requirements of this cycle, the teacher must be evaluated again during the 20___/20___ school year

Evaluator

Unit Member

Date

Date

I, hereby, withdraw from the above agreement.

Evaluator

Unit Member

Date

Date

ORIGINAL: Human Resources COPY: Evaluator and Evaluatee