## Manchester School District

## **EVIDENCE-BASED PORTFOLIO ASSESSMENT - Option 2**

| Name:  |            |              | School & Current Position: |                                   |                      |
|--|------------|--------------|----------------------------|-----------------------------------|----------------------|
| Certification area(s):                                   | 1.         |              | 2.                         | 3.                                |                      |
| Certification Cycle:                                     | Red        | White        | Blue                       | Certification expiration date     | e: June 30, 20       |
| Using evidence from                                      | your portf | olio, please | reflect upon t             | he following (attach additional   | pages as necessary): |
| <ol> <li>Your learning</li> <li>The impact up</li> </ol> |            |              | nt of goals, ar            | nd                                |                      |
|  |            |              |                            |                                   |                      |
|  |            |              |                            |                                   |                      |
|  |            |              |                            |                                   |                      |
|  |            |              |                            |                                   |                      |
|  |            |              |                            |                                   |                      |
|  |            |              |                            |                                   |                      |
|  |            |              |                            |                                   |                      |
|  |            |              |                            |                                   |                      |
|  |            |              |                            |                                   |                      |
| The principal through the Evidence                       |            |              | ined that the e            | educator has satisfied recertific | eation requirements  |
|  |            |              |                            |                                   |                      |
| Educator's Signature                                     |            | Date         | Prin                       | cipal Designee's Signature        | Date                 |
|  |            |              |                            |                                   |                      |

Form 7 – **Due** to PDC by **March 31** of Year 3 in certification cycle Reference – *Section 10, Review Plan Evidence and Approval of Plan*