

EDINBURG CONSOLIDATED INDEPENDENT SCHOOL DISTRICT
TEACHER'S WAIVER FROM YEARLY EVALUATION REQUEST

Name: _____

Campus: _____

Position: _____

1. I have met the following criteria:
 - a. Received a summative ratings of "proficient" (or above) on nine of the 16 dimensions and did not identify any area of deficiency, defined as a rating of "improvement needed" or its equivalent, on any of the 16 dimensions identified in 19 Administrative Code 150.1002(a) or the performance of teachers' students, as defined in 19 Administrative Code 150.1001(f)(2).
 - b. Employed on an educator term contract;
 - c. Hold SBEC certification;
 - d. Assigned to teach subject/course in my certification area; and
 - e. Have served at my current campus for at least one year.
2. I would like to waive being evaluated annually.
3. I understand that I will be evaluated within the next five years at the discretion of the principal on my campus.

Signature: _____ Date: _____

Principal's signature: _____ Date: _____