Record of Instructional Technology Facilitator Evaluation Activities

Name: _____ID# _____
School: _____SchoolYear:_____
Position/Assignment: _____
Evaluator: _____Title: _____

Instructional Technology Facilitator's Background: (Briefly describe the Instructional Technology Facilitator's educational background, years of experience, assignment, and any other factors that may impact the evaluation).

The North Carolina Instructional Technology Facilitator Evaluation is based, in part, on informal and formal observations and conferences conducted on the following dates:

Activity	Date	Instructional Technology Facilitator Signature	Evaluator Signature
Orientation			
Pre-Observation Conference			
Observation			
Post-Observation Conference			
Summary Evaluation Conference			
Professional Growth Plan Completed			