

## 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);
  - b. Received a rating of "proficient" (or above) on the performance of teachers' students—Student Growth Measure (Student Learning Objective);
  - c. Be employed on an educator term contract on year of completed formal evaluation;
  - d. Hold SBEC certification;
  - e. Assigned to teach subject/course in my certification area; and
  - f. Have served at my current campus for at least one complete 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: \_\_\_\_\_