



- SWEETWATER EDUCATION ASSOCIATION/CTA/NEA (SEA)
- SWEETWATER COUNSELING & GUIDANCE ASSOCIATION/CTA/NEA (SCGA)

FIVE (5) YEAR EVALUATION CYCLE

PARTICIPATION FORM

NAME _____ Social Security # _____

SITE _____ DATE _____

- Permanent District Status
- Employed with District ten (10) or more years
- Highly qualified as defined by 20 U.S.C. Sec 7801 (NCLB), if necessary

Date of Last Evaluation _____

I understand that participation in this program is voluntary, must be mutually agreed to by the unit member and the evaluator, and that either party may withdraw participation during the five (5) years in accordance with the collective bargaining agreement.

Evaluator's Name _____ (print)

Evaluator's Signature _____

Unit Member's Signature _____

Copies:

- Site File
- Unit Member
- Labor Relations

Form # 4000