# PART Form #1 DECLARATION

**Performance Appraisal Review for Teachers (PART)**

This form should be completed by the teacher and signed by the PART Reviewers. The Direct Supervisor should upload the signed document into PeopleSoft (e-Performance) by October 15th. A PART Review Team consists of the teacher’s direct supervisor and at least one teacher from the same certification area when possible. A teacher may choose to select an additional 3rd reviewer.

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| **Teacher:** |       |  | **Empl. ID#:** |       |
| **Position:** |       |  | **Tenure Area:** |       |
| **Principal** |       |  | **School/Location:** |       |
| **PART REVIEWER NAMES**  |  | **Position** |  | **School/Location** |  | **Tenure Area** |
| **1.** |        |  | **Direct Supervisor** |  |       |  |  not applicable |
| **2.** |        |  | **Teacher** |  |       |  |       |
| **3.** |       (optional) |  | **Teacher** |  |       |  |       |
| **PART Option Selection** |
| **[ ]**  | PART Option #1 Structured Review of Student Work  |
| **[ ]**  | PART Option #2 Teacher Portfolio  |

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| **PART REVIEWER SIGNATURES** **I agree to be a PART Reviewer for the teacher named above. I understand that prior to May 15th, I am responsible for reviewing the materials submitted by the teacher in advance of a Structured PART Interview. Following the Structured PART Interview, and after consensus is reached by the PART Reviewers (including the Direct Supervisor), the Direct Supervisor will enter the PART evaluation into PeopleSoft (e-Performance) by May 21st.**  |
| **Signature of Direct Supervisor:**  |  | Date: |  |
| **Signature of Reviewer #1 Teacher:**  |  | Date: |  |
| **Signature of Optional Reviewer #2 Teacher:** |  | Date: |  |

Forms available on “PART Resources” page at the CIT Website: [www.rcsdk12.org/CIT](http://www.rcsdk12.org/CIT).