

Warren County Special Services School District  
1500 Route 57, Suite 1  
Washington, NJ 07882  
Tel. 908-835-1004 Fax 908-835-1042

**TEACHER ANNUAL PERFORMANCE REPORT**

STAFF MEMBER: \_\_\_\_\_

EVALUATOR: \_\_\_\_\_

DATE OF CONFERENCE: \_\_\_\_/\_\_\_\_/\_\_\_\_

I. The Evaluation Report Form has been reviewed and:

is attached to this report

has been submitted previously

II. The following reports have been completed:

Individual Professional Improvement Plan (PIP)

Pupil Progress Review Summary (PPRS)

III. SUMMARY REMARKS OF EVALUATOR:

Staff Member's Signature \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Administrator's Signature \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_