

Educator Effectiveness Process
#2 Organizational Chart 2016-17

Campus:	
District:	
Superintendent:	
Principal:	
Form Completed by:	
ETL:	Date:

Please indicate in Column N/R if the teacher is NEW=N to EEP (Teacher is not familiar with the EEP program) -or-
 Returning=R (Teacher is very familiar with the EEP program).

UNIT Name:						
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	Last Name	First Name		Specific Position	Grade/Subject Taught	# of Students Taught
CTL/ETL:						
Campus Name	Last Name	First Name	N/R	Specific Position	Grade/Subject Taught	# of Students Taught
1						
2						
3						
4						
5						
6						
7						
8						