

## **AGENDA REQUEST FORM**

|   | THE  | SCHOO                                | L BOARD OF BROV   | VARD COUNTY, FLORID   | A   |   |                                       |
|---|--|--------------------------------------|---|---|---|---|---------------------------------------|
| Liblic School   | MEETING DATE   | Oct 5 20                             | 016 10:15AM - Regul   | ar School Board Meeting   |   | Special Orde                              | er Request  No                        |
| ITEM No.:   | AGENDA ITEM  | CONSENT ITEMS                        |   |   |   | Time                                      |                                       |
| B-1.  | CATEGORY   | Y B. BOARD MEMBERS                   |   |   |   |   |                                       |
|   | DEPARTMENT   | Office of                            | Chief of Staff  |   |   | Open A Yes                                | genda<br>No                           |
| TITLE:  | of the Superintendent of Sc  | haala                                |   |   |   | <u> </u>                                  |                                       |
| Annuai Evaluation   | of the Superintendent of Sc  | HOOIS                                |   |   |   |   |                                       |
| REQUESTED Receive the School  | ACTION: DI Board Member annual eva   | aluation ratir                       | ngs of the Superintendent   | of Schools.   |   |   |                                       |
| SUMMARY EX  | (PLANATION AND BA  | CKGRO                                | UND:  |   |   |   |                                       |
| the Superintender performance of the Superintendent is Chair.  SCHOOL BOA  Goal 1  FINANCIAL IN | ARD GOALS:  High Quality Instructions of the second submitted to the School su | outlines the agreed upon ol Board pu | evaluation procedures. In form, format, and proces rsuant to the Agreement. | portunities for constructive dialonal accordance with the Agreements by September 30th of each ye. The Agenda Request Form has us Improvement | nt, the Schoo<br>ear. The 2015<br>been review | ol Board shall evalu<br>5-2016 Annual Eva | late the aluation of the by the Board |
| EXHIBITS: (L  | ist)   |                                      |   |   |   |   |                                       |
| (1) Superintend<br>Evaluation Ration<br>Bartleman (7) F   | ents Correspondence an<br>ng Summary 2015-2016   | (4) Rating<br>inkworth(              | by Dr Rosalind Osgood<br>8) Rating by Mrs Patric                            | Superintendent Accomplishmd (5) Rating by Mrs Abby Froia Good (9) Rating by Mrs Dupert  | eedman (6                                     | Rating by Mrs I                           | Robin                                 |
| BOARD ACTI  | ON:  |                                      | SOURCE OF ADDITIONAL INFORMATION:   |   |   |   |                                       |
|   |  |                                      | Name: Jeffrey S. Moquin   |   |   | Phone: 754 321-2650                       |                                       |
| (For Official So  | chool Board Records Office Only  | ,                                    | Name: Dr. Rosalir   | nd Osgood   |   | Phone: 754 3                              | 21-2005                               |
| THE SCHO  | OL BOARD OF BE   |                                      | D COUNTY, FLO   | RIDA  |   |   |                                       |
| Senior Leader & Title  Jeffrey S. Moquin - Chief of Staff                                       |  |                                      |   | Approved In Open Board Meeting On: —  |   |   |                                       |
| Signature   |  |                                      |   | By:   |   |   |                                       |
|   |  |                                      |   |   | Sc  | chool Board Ch                            | air                                   |

Electronic Signature
Form #4189 Revised 07/16
RWR/ RO/JSM:tpo