

Evaluator: \_\_\_\_\_

**ORCSD Sabbatical Leave Proposal Evaluation Rubric**

NAME of person proposing sabbatical:

\_\_\_\_\_

SABBATICAL TITLE:

\_\_\_\_\_

SCHOOL: \_\_\_\_\_

YEARS TAUGHT IN DISTRICT: \_\_\_\_ (Minimum 6 years)

GRADE LEVEL/SUBJECT: \_\_\_\_\_

Has this person received a sabbatical in the OR District before? Yes/no

IF SO WHEN? \_\_\_\_\_

Length of sabbatical request: \_\_\_\_ HALF YEAR or \_\_\_\_ FULL YEAR

	Meets Expectation	Doesn't Meet Expectation
1. Essential Question		
2. Detailed Summary		
3. Benefit to ORCSD		
4. Evidence to support need		
5. Aligns with district, building or individual goals		
6. Expected Impact on Students		
7. Evaluation method		
8. Scope of Proposal		
9. Method of Sharing results		

Comments by evaluator: (Continue on the back as needed)

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