

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)

