

# BOGALUSA CITY SCHOOLS

1705 Sullivan Drive  
Bogalusa, Louisiana 70427  
Phone: (985) 281-2100 – Fax: (985) 735-1358

## Human Resources Department PREVIOUS ASSESSMENT AND/OR EVALUATION RESULTS

The following person has applied to the Bogalusa City Schools System. Please furnish all assessment and/or evaluation results required by R.S. 17:3884 (D). If the named person has not participated in the LATAAP program please furnish previous evaluation results only.

Applicant Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ School Name: \_\_\_\_\_

### Previous Assessment and/or Evaluation Results

Louisiana R.S. 17:3884(D) requires that any School Board wishing to hire a person who has been assessed or evaluated pursuant to R.S. 17:3884, whether that person is already employed by that school system or not. Shall request such person's assessment and evaluation results as part of the application process. The Board to which application is being made shall inform the applicant that as part of the mandated process, the applicant's assessment and/or evaluation results will be requested. The applicant shall be given the opportunity to apply, review the information received, and provide any response or information the applicant deems appropriate.

Year:	Results (circle one)	Year:	Results (circle one)
	Satisfactory Needs Improvement Unsatisfactory		Satisfactory Needs Improvement Unsatisfactory
__met or __not met LTAAP* standards		__met or __not met LTAAP* standards	

Year:	Results (circle one)	Year:	Results (circle one)
	Satisfactory Needs Improvement Unsatisfactory		Satisfactory Needs Improvement Unsatisfactory
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Year:	Results (circle one)	Year:	Results (circle one)
	Satisfactory Needs Improvement Unsatisfactory		Satisfactory Needs Improvement Unsatisfactory
__met or __not met LTAAP* standards		__met or __not met LTAAP* standards	

### \*Louisiana Teacher Assistance and Assessment Program

Person Supplying Information: Name: \_\_\_\_\_ Title: \_\_\_\_\_

I, the above named guardian of the personnel files of the \_\_\_\_\_ School System, do hereby affirm that the above assessment and evaluation results reflect the true and accurate status of \_\_\_\_\_ as evaluated in the above named statute and who presents him/herself as an applicant to your school system.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please return this form showing the assessment and/or evaluation results. We appreciate your cooperation in providing this information.