

Form E: Summative Evaluation Form for Classroom Teacher

Name: _____ School: _____ Date: _____

Status: Part-Time 1st Year 2nd Year 3rd Year 4th Year Tenure
 (Temporary) (Probation) (Probation) (Probation) (Probation)

Domain 1 - Planning and Preparation	Unsatisfactory	Needs Improvement	Proficient	Excellent
1a: Demonstrating Knowledge of Content and Pedagogy				
1b: Demonstrating Knowledge of Students				
1c: Setting Instructional Outcomes				
1d: Demonstrating Knowledge of Resources				
1e: Designing Coherent Instruction				
1f: Designing Student Assessment				
OVERALL PERFORMANCE IN AREA				
Comments:				
Domain 2 - Classroom Environment	Unsatisfactory	Needs Improvement	Proficient	Excellent
2a: Creating Environment of Respect and Rapport				
2b: Establishing a Culture for Learning				
2c: Managing Classroom Procedures				
2d: Managing Student Behavior				
2e: Organizing Physical Space				

OVERALL PERFORMANCE IN AREA				
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Comments:

Domain 3 - Instruction	Unsatisfactory	Needs Improvement	Proficient	Excellent
3a: Communicating with Students				
3b: Using Questioning and Discussion Techniques				
3c: Engaging Students in Learning				
3d: Using Assessments in Instruction				
3e: Demonstrating Flexibility and Responsiveness				
OVERALL PERFORMANCE IN AREA				

Comments:

Domain 4 - Professional Responsibilities	Unsatisfactory	Needs Improvement	Proficient	Excellent
4a: Reflecting on Teaching				
4b: Maintaining Accurate Records				
4c: Communicating with Families				
4d: Participating in a Professional Community				
4e: Growing and Developing Professionally				
4f: Showing Professionalism				

OVERALL PERFORMANCE IN AREA																
Comments:																
V. Composite Evaluation of Areas I, II, III and IV																
VI. Comments (Strengths, Concerns, Recommendations and Signatures)																
<p>Tenured Teacher Final Summative Rating:</p> <p>_____ Unsatisfactory _____ Needs Improvement</p> <p>_____ Proficient _____ Excellent</p>																
<p>Tenured Teacher Recommendation:</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 70%;"></th> <th style="width: 15%; text-align: center;">Yes</th> <th style="width: 15%; text-align: center;">No</th> </tr> </thead> <tbody> <tr> <td>1. Recommend for continued employment</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>2. Recommend for continued employment with annual evaluation</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>3. Recommend remediation status</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </tbody> </table>						Yes	No	1. Recommend for continued employment	<input type="checkbox"/>	<input type="checkbox"/>	2. Recommend for continued employment with annual evaluation	<input type="checkbox"/>	<input type="checkbox"/>	3. Recommend remediation status	<input type="checkbox"/>	<input type="checkbox"/>
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Signature of Teacher _____ Date _____

Signature of Evaluator _____ Date _____

Moline School District No. 40
Summative Evaluation Form for Classroom Teacher

Probationary Teacher Recommendation

	YES	NO
1. Recommend for second year of probation (Includes full-time teacher employed prior to November 1)	<input type="checkbox"/>	<input type="checkbox"/>
2. Recommend for third year of probation	<input type="checkbox"/>	<input type="checkbox"/>
3. Recommend for fourth year of probation	<input type="checkbox"/>	<input type="checkbox"/>
4. Recommend for tenure	<input type="checkbox"/>	<input type="checkbox"/>
5. Full time temporary contract but would recommend consideration for re-employment	<input type="checkbox"/>	<input type="checkbox"/>
6. Part-time temporary contract but would recommend consideration for re-employment	<input type="checkbox"/>	<input type="checkbox"/>

Formative Observations Completed by:

Name: _____ Date of Observation: _____

Name: _____ Date of Observation: _____

Name: _____ Date of Observation: _____

Principal/Administrator

Date of Conference

I have seen this evaluation and received a signed copy.

Teacher's Signature

Date

Form F: Professional Development Planning Form for Teachers

Teacher Name: _____

Evaluator Name: _____

Date of Receipt of Final Summative Evaluation: _____

Domain(s) in which “Needs Improvement” is indicated (circle all that apply):

Domain 1

Domain 2

Domain 3

Domain 4

Improvement Template

Specific component(s) and element(s) of concern	
Expectations of teacher to rectify concerns	
Suggestions for addressing the evaluator’s expectations	
Supports and resources to assist teacher in meeting the evaluator’s expectations	
Evidence that will be accepted that expectations are met	
Additional evaluator comments	

Chart may be expanded as needed.

Teacher Signature:

(Name)

(Date)*

Evaluator Signature:

(Name)

(Date)*

Signatures reflect that the meeting was held by the appropriate deadline and that the plan will be implemented. Teachers and evaluators are expected to mutually agree to the plan. In the event that they are not able to come to an agreement, the evaluating administrator reserves the right to direct the activities required of the teacher. The teacher is expected to sign the plan but may provide a written attachment for their file indicating areas in which they disagree with the evaluating administrator.

*Must be within 30 school days of receipt of final summative evaluation.