

**PROOF OF EVIDENCE/ARTIFACTS**  
**MANSFIELD SCHOOL DISTRICT**  
**DOCUMENTATION FORM**

Teacher: \_\_\_\_\_ Position/Grade Level: \_\_\_\_\_

Observation Date: \_\_\_\_\_ Time: \_\_\_\_\_

(Evaluator checks all criteria he/she observed the teacher performing.)

<b><u>Criteria 1: Centering Instruction On High Expectations For Student Achievement.</u></b>	
<b><u>Criteria 2: Demonstrating Effective Teaching Practices</u></b>	
<b><u>Criteria 3: Recognizing Individual Student Learning</u></b>	
<b><u>Criteria 4: Providing Clear and Intentional Focus On Subject Matter Content and Curriculum</u></b>	
<b><u>Criteria 5: Fostering and Managing a Safe, Positive Learning Environment</u></b>	
<b><u>Criteria 6: Using Multiple Student Data Elements To Modify Instruction and Improve Student Learning</u></b>	
<b><u>Criteria 7: Communicating and Collaborating with Parents and the School Community.</u></b>	
<b><u>Criteria 8: Exhibiting Collaborative And Collegial Practices Focused On Improving Instructional Practice And Student Learning</u></b>	

Comments:

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

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