

PEER EVALUATION OPTION

Timeline and Directions

Peer Option

- Teacher must have 5+ years of teaching experience in Lawndale and at least 3 Satisfactory Evaluations for the last three evaluations
- Partners (2) are both in evaluation year, @ same site, with same evaluator
- Three Types:
 - Shared Goals
 - Coaching
 - Open

By the last day of October:

Peers must meet with their Administrator and submit the **Professional Development Plan**.

Between October and January 31:

Peers do ONE (1) pre-observation conference, ONE (1) classroom observation, and ONE (1) post-observation conference with each other.

By January 31:

Peers submit documentation of the pre-conference, the classroom observation, and the post-conference for each peer to their Administrator.

Between February and April:

Peers do ONE (1) pre-observation conference, ONE (1) classroom observation, and ONE (1) post-observation conference with each other.

By the first Friday of May:

Peers submit documentation of the pre-conference, the classroom observation, and the post-conference for each peer AND **Final Evaluation Form Part 1** to their Administrator.

Between the first Friday of May and before 30 days from the last day of school:

Administrator meets with Peers to add comments to **Final Evaluation Form Part 1** and complete **Final Evaluation Form Part 2**.

By 29 days from the last day of school:

Administrator submits **ALL** pages of Evaluation Documentation to HR.

PEER EVALUATION OPTION

Goals	Teacher Identified Designed to move teaching practice forward
Individual Meeting with Administrator Prior to October 31	Partners/Administrator Meeting Partners meet with administrator to present, discuss, and agree upon Professional Development Plan
Observing/Consulting and Conferring <u>1st Cycle - Between October and the last day of January:</u> Peers do ONE (1) Pre-Observation Conference, ONE (1) Classroom Observation, and ONE (1) Post-Observation Conference <u>On or before the last day in January,</u> Peers submit " First Observation/Consultation Form " of pre- and post-conferences and classroom observation. <u>2nd Cycle - Between February and the last day of April:</u> Peers do ONE (1) Pre-Observation Conference, ONE (1) Classroom Observation, and ONE (1) Post-Observation Conference <u>By the first Friday in May:</u> Peers submit " Second Observation/ Consultation Form " of pre- and post-conferences and classroom observation from 2 nd cycle AND Page 1 of " Final Evaluation Form " to their Administrator	Observing/Consulting and Conferring Partners develop plan to meet prior to the classroom Observations to determine areas for evidence collection and to meet after Observation to discuss evidence and reflect upon teaching practices. Pre-Conference, Observation and/or Post-Conference may be scheduled anytime within the indicated windows. Beginning with the date of the Pre-Conference, the Post-Conference should occur within ten working days. <i>Administrator receives copies of Observation/Consultation Forms by the end of each cycle.</i>
Summative Meeting Must meet with Administrator to share final accountability summary " Final Evaluation Form " 30 calendar days prior to the last workday for that school year.	Partners/Administrator Meeting Teacher writes self-assessment Administrator adds comments (completed by date specified in the timeline.) Final Evaluation Form

There are three general areas for the Peer Evaluation Option, which are described below. Other areas may be developed as the Option is used.

1. **Shared Partnership** – This model is used when two teachers share in a similar goal or goals and want to work on the goal or goals together. Teachers may be from the same grade level, working on an identified grade level need or they can be from two different grade levels, working on an identified need.
2. **Coaching Partnership** – This model is used when one partner has an area of expertise from which the other wants to benefit. Examples are expertise in a particular core curricular area, classroom management, assessment, etc.
3. **Open Partnership** – This model is used when two teachers have different goals but want another teacher to collaborate with, to observe them and to give feedback.

Professional Development Plan- Peer Evaluation Option

Name: _____

Date: _____

- **Goals:** Outline your two professional growth goals for the year. For each goal identified, state the elements of the CSTP being addressed. Please include how the first individual goal addresses the district's goals and how the second individual goal addresses your area of personal interest. In addition, teachers may develop a third, optional goal which addresses any area that is agreed upon by you and your evaluator. Goals should specifically indicate what you would like to improve or enhance and why.

GOAL #1

GOAL #2

- **Evaluation:** What type of observation format and data gathering tools are you planning to use to document the achievement of the goals you have identified? Using these tools, how will you assess progress towards the accomplishment of your goals?

GOAL #1

GOAL #2

(You may use a separate page if necessary)

Unit Member Signature

Date

Administrator Signature

Date

(Original/Teacher Copy/Supervisor)

**FIRST OBSERVATION/CONSULTATION FORM
PEER EVALUATION OPTION**

Name: _____ Partner: _____

Pre-Conference #1

Date: _____

1. Goals:

(Describe your goals or a problem or a question you will use to guide your work with your peer collaborator)

(You may use a separate page if necessary)

Post Observation Conference #1

Date: _____

2. Data Collection/Observation Summary:

(Summarize data collected during the current observation/consultation time period)

3. Analysis/Reflection/Next Steps:

(Explain modifications, improvements, new strategies or steps that you will implement next)

Unit Member Signature

Date _____

Partner's Signature

Date _____

(Original/Teacher

Copy/Evaluator)

**SECOND OBSERVATION/CONSULTATION FORM
PEER EVALUATION OPTION**

Name: _____ Partner: _____

Pre-Conference # 2

Date: _____

1. Goals:

(Describe your goals or a problem or a question you will use to guide your work with your peer collaborator)

(You may use a separate page if necessary)

Post Observation Conference #2

Date: _____

2. Data Collection/Observation Summary:

(Summarize data collected during the current observation/consultation time period)

3. Analysis/Reflection/Next Steps:

(Explain modifications, improvements, new strategies or steps that you will implement next)

Unit Member Signature

Date _____

Partner's Signature

Date _____

(Original/Teacher

Copy/Evaluator)

FINAL EVALUATION FORM Part 1

Peer Evaluation Option

To be completed by Teacher

Name: _____ Site _____ School Year _____

Evaluator: _____ Grade/Subject: _____

(Please use additional pages if necessary)

1. Data Analysis:

Summarize data collected and share insights.

2. Professional Development Plan Accomplishments:

Explain how your activities have been of benefit to you and your students.

3. Recommendations or Considerations for the Future:

4. Administrative Comments *(To be completed by Administrator):*

Unit Member Signature

Date

Administrator Signature

Date

(Original/Teacher

Copy/Supervisor)

FINAL EVALUATION FORM Part 2

Peer Evaluation Option

To be completed by Administrator

Name: _____ Site _____ School Year _____

Evaluator: _____ Grade/Subject: _____

Employment Status: **Permanent**

Evaluator Recommendation

- Recommended for reemployment.
- This process was not completed in a satisfactory manner. Teacher will be re-evaluated using the Administrative Evaluation Option next year.

Administrator's Signature

Date

Teacher's Comments: *The teacher shall have the right to respond in writing to the evaluation. The response shall be attached to the evaluation prior to it being placed in the teacher's personnel file if received within 5 working days after the receipt of the evaluation. If received after 5 working days, it will be added to the personnel file when received by the District.*

I acknowledge being apprised of the above evaluation at a face-to-face conference with my administrative supervisor.

I agree with the conclusions of this evaluation.

I disagree with the conclusions of this evaluation.

Unit Member Signature

Date