FINAL SELF-EVALUATION FORM
Alternative Evaluation Proposal

Name: _____ School: _____Date: _____

Alternative Evaluation Selected:

☐Collegial Coaching ☐Professional Growth Portfolio ☐Standards-Based Project

Partner or Team Members; if applicable: _____

California Standards for the Teaching Profession (CSTP):

Which California Standards/Elements for the Teaching Profession will you focus on?

Outcomes

A. Analysis: How did the implementation of this proposal improve student learning? Cite evidence?

B. Reflection: How did the implementation of this proposal assist you in achieving professional growth? Cite evidence.

Teacher's Signature:: _____ Date: _____

Site Evaluator's Signature: _____ Date: _____