



## Evaluation of Instructional Personnel Final Evaluation

<b>Name:</b>	<b>Location:</b>	<b>Date:</b>
<b>Employee ID:</b>	<b>Status:</b>	<b>School/Section:</b>

Department	Subject Taught	Grade	I.P.Submitted Date
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<b>I.P.Conf. Date</b>
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Observation Dates					
<input style="width: 15%;" type="text"/>	<input style="width: 15%;" type="text"/>	<input style="width: 15%;" type="text"/>	<input style="width: 15%;" type="text"/>	<input style="width: 15%;" type="text"/>	<input style="width: 15%;" type="text"/>
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Conference Dates					
<input style="width: 15%;" type="text"/>	<input style="width: 15%;" type="text"/>	<input style="width: 15%;" type="text"/>	<input style="width: 15%;" type="text"/>	<input style="width: 15%;" type="text"/>	<input style="width: 15%;" type="text"/>
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### Areas of Evaluation

1. SUPPORT FOR STUDENT LEARNING				
		Meets	Needs Improvement	No
a	Uses the results of multiple assessments to guide instruction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b	Guides all students to be self directed and assess their own learning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c	Engages students in problem solving, critical thinking and other activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d	Uses a variety of instructional strategies and resources to respond to student's diverse needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e	Integrates students' prior knowledge, life experiences, and interests into the instructional program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**COMMENTS (max: 2000 characters)**

### 2. PLANNING AND DESIGNING INSTRUCTION

		Meets	Needs Improvement	No
a	Demonstrates evidence of short-term and long-term plans to foster student learning and achievement of the State Standards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b	Uses state subject matter content standards to establish rigorous learning goals for students	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c	Interrelates ideas and information within and across subject matter areas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d	Uses instructional strategies, materials, resources, and technologies that are appropriate to the subject matter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e	Plans instruction to ensure that all groups of students have equal access to the curriculum	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

COMMENTS (max: 2000 characters)

### 3. CLASSROOM PERFORMANCE

		Meets	Needs Improvement	No
a	Demonstrates knowledge of State Standards and student development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b	Uses a grading/evaluation system that is aligned with State Standards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c	Establishes and maintains standards for student behavior and creates a climate that promotes fairness and respect	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d	Plans and implements classroom procedures and routines that support student learning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e	Uses instructional time effectively	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f	Provides an effective classroom environment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

COMMENTS (max: 2000 characters)

### 4. DEVELOPING AS A PROFESSIONAL EDUCATOR

		Meets	Needs Improvement	No
a	Establishes professional goals and demonstrates continuous growth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b	Works with colleagues to improve professional practice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c	Provides effective supervision of students	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d	Collaborates in the improvement of the school program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

e	Communicates regularly with students and parents about instructional goals and student progress	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f	Follows district and state policies, laws and regulations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g	Communicates and interacts with colleagues, staff, parents and students in an appropriate manner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h	Performs adjunct duties effectively	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

COMMENTS (max: 2000 characters)

### 5. PUNCTUALITY, ATTENDANCE AND RECORDKEEPING

		Meets	Needs Improvement	No
a	Regularly arrives on time, starts class on schedule	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b	Regularly in attendance for the total contract day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c	Maintains accurate and timely records	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

COMMENTS (max: 2000 characters)

No. of Days Absent :  No. of Times Tardy:

### 6. OVERALL EVALUATION

Meets Standard Performance  Below Standard Performance

Commendations (max: 2000 characters)

Recommendations (max: 2000 characters)

Recommended Assistance (max: 2000 characters)

To be evaluated next year  Yes  No Extended to : 2010 - 11

**Evaluator Signature**

**Evaluator Name**

\_\_\_\_\_  
**Title**

\_\_\_\_\_  
**Employee ID**

\_\_\_\_\_  
**Date:**

\_\_\_\_\_  
**Reviewing Administrator  
Signature**

\_\_\_\_\_  
**Reviewing Administrator  
Name**

**I have received a copy of this report, but my signature does not necessarily indicate my agreement. I understand that I may attach a written response to this form within ten(10) working days from the date on which the report was received. This written response is to become a permanent part of the report and of my personnel service folder.**

**Employee Signature**

**Date**

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