NAME	TEACHER STATUS			
	(mark as many as apply)			
COURSE/SUBJECT/GRADE LEVEL	☐ Temporary ☐ Improvement Plan			
	☐ Probationary (Year 1) ☐ PAR Year 1			
SCHOOL/DEPARTMENT	□ Probationary (Year 2) □ PAR Year 2			
	☐ Intermediate (3-6 years)			
SCHOOL YEAR	☐ Experienced (7+ years)			
	☐ Transition in Assignment			
• New Certificated (one to two years in the district) develop six (6				
• Intermediate Certificated (three to six years of experience in the profession with tenure) develop at least three (3) goals aligned to the				
CSTPs – Due September 30				
• Experienced Certificated (seven or more years of experience in profession with tenure) develop at least two (2) goals aligned to the				
CSTPs –Due September 30				
• Transition in Assignment (changing grade levels, subject a	rea or sites) instructional competence in a new or different			
teaching assignment - Due September 30	•			
8 8				
List SMART Goal(s) (Specific, Measurable, Attainable, Relevant and Time-Bound)				
List SMAKT Goal(s) (Specific, Measurable, Attainable, Relevant and Time-Dound)				
Demonstrate Measure ble Ctudent Due guess in a Cuitieal Chill/Duement	a student learning (CCTD 5)			
Demonstrate Measurable Student Progress in a Critical Skill/Promot	9 '			
• TK-5 teachers develop one outcome based SMART goal in either Math or English Language Arts (ELA). An additional goal may be				
written in another content area.				
• Teachers, grades 6-12 develop one outcome based SMART Goal focused on student achievement in a subject matter area				
Sample - Based on (MAP and Compass Learning) data analysis with a focus on the (weakest strand in Mathematics), I will provide a (specific				
instructional strategy) for (100 %) of my students to increase (math) scores in the (weakest strand) by (5%).				
CSTP 5 SMART Goal:				

List additional goals aligned to the CSTPs 1, 2, 3, 4, and 6.
Action Plan: What steps will you take to reach each goal?
Evaluation Criteria (How will the goals be evaluated?)
Questions to ask to develop evaluation criteria: How will I monitor student achievement? What will I use to measure the impact of my
teaching on students? What data will I show the evaluator?

If an <u>experienced teacher's</u> last name starts with A-M, the evaluation process will be completed during school years beginning with an even number (i.e. 2016-17). If the last name starts with N-Z the evaluation process will be completed during school years beginning with an odd

number (i.e. 2017-18).

The experienced teacher evaluatee and evaluator mutually agree on the following observation cycle.

Series of Three (3) Informal Observations

One Formal Observation

New Certificated - 1ST OBSERVATION due 10/30, 2ND OBSERVATION due 12/10, 3RD OBSERVATION 2/15, SUMMATIVE EVALUATION due March 1

Intermediate Certificated — ONE OBSERVATION due 12/1, SUMMATIVE EVALUATION due May 1

Experienced Certificated — ONE OBSERVATION OR A SERIES OF INFORMAL OBSERVATIONS due 2/15, SUMMATIVE EVALUATION due May 1.

Evaluator's Signature Date

Evaluatee's Signature ______ Date____

FORM 1 - EVALUATION GOALS & FINAL REFLECTION END OF YEAR PREPARATION FOR FINAL GOALS MEETING CSTP 5 Goal - Student Achievement (30%): Summarize the extent and degree to which you accomplished your SMART goal, and explain the outcomes. Specify how your teaching strategies impacted student achievement. Provide supporting documentation. CSTP 1,2,3,4, and 6 Goals (70%): Summarize the extent and degree to which you accomplished your goal(s), and explain the outcomes. Specify how your professional practice improved. EMPLOYEE'S PLANS FOR SUBSEQUENT GROWTH Share future goals, professional development, etc.

Reflect upon and state the extent and degree that this evaluation process enhanced your professional growth.

OVERALL REFLECTION

EVALUATOR'S SUMMARY EVALUATION				
CSTP 5 Goal: Student Achievement (30% Cite evidence and accomplishments provide skill?			nts make measureable progress in a critical	
Goal based on CSTPs 1,2,3,4, and 6 (70%) Satisfactory Unsatisfactory Unsatisfactory Cite evidence and accomplishments provided by employee and/or observed by the evaluator.				
EVALUATOR'S OVERALL COMMENTS RELATING TO GOALS/PERFORMANCE				
The summative findings of this evaluation indicate an overall rating of satisfactory performance.				
The summative findings of this evaluation indicate an overall rating of unsatisfactory performance. FORM 3: PLAN FOR IMPROVEMENT AS RELATED TO UNSATISFACTORY PERFORMANCE MUST BE ATTACHED TO THIS FORM.				
A copy of this document will be placed in the employee's personnel file. The employee shall have a right to respond in writing to this evaluation. This response shall be attached to the evaluation prior to it being placed in the employee's personnel file if received within ten (10) working days after the receipt of the evaluation. If response is received more than ten (10) days after receipt of the evaluation, it will be added to the personnel file when received by the District.				
Evaluator's Signature	Date	Evaluatee's Signature	Date	