

FORM 3 –IMPROVEMENT PLAN/PAR

NAME	TEACHER STATUS
COURSE/SUBJECT/GRADE LEVEL	<input type="checkbox"/> Intermediate
SCHOOL/DEPARTMENT	<input type="checkbox"/> Experienced
SCHOOL YEAR	<input type="checkbox"/> Improvement Plan
	<input type="checkbox"/> PAR Year One
	<input type="checkbox"/> PAR Year Two

Note: This form is in addition to the completion of Form 1.

Evaluator: List the California Standards for the Teaching Profession (CSTP) identified as areas in need of improvement.

CSTPs in need of improvement, including CSTP 5, if needed.

Teacher and Evaluator collaborate on: Goals/Objectives; Action Plan; Procedures and Resources for Improvement; and Evaluation Criteria

Goals/Objectives (should promote student learning and/or instructional leadership) Exemplars available from evaluator.

Action Plan (Meetings with administration, peer observation, support providers, videos...) Exemplars available from evaluator.

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Procedures and Resources for Improvement (courses, PAR, visitations, detailed lesson plans, etc.) Exemplars available from evaluator.

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Evaluation Criteria (SMART Goals – How will the goals be evaluated?) Exemplars available from evaluator.

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List Dates for Formal Observations and Post-Conferences (1ST OBSERVATION DUE 10/15, 2ND OBSERVATION DUE 11/15, 3RD OBSERVATION DUE 2/1). Follow up conferences scheduled within three school days of each observation.

OBSERVATION DATES	CONFERENCE DATES
1.	1.
2.	2.
3.	3.

Final Evaluation Form must be completed by March 1.

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END OF YEAR PREPARATION FOR FINAL GOALS MEETING

Summarize the extent and degree to which you accomplished your goal(s), and explain the outcomes. **Provide supporting documentation.**

EMPLOYEE’S PLANS FOR SUBSEQUENT GROWTH

Share future goals, professional development, etc.

OVERALL REFLECTION

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

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EVALUATOR'S SUMMARY EVALUATION

Goal(s): _____ Satisfactory _____ 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.

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 _____