



Teacher

Certified Personnel Evaluation Forms



TCEP FORMS

❖ Final Summative Ratings shall be entered into the State Technology Platform by June

Certified Evaluation Orientation	Must occur within the first thirty (30) calendar days of each school year
Self-Reflection	❖ All teachers reflect on his/her current growth needs based on multiple sources of data and identifies an area or areas for focus.
Professional Growth Plan	❖ On or before September 30th: All teachers complete the self-reflection process and professional growth goal in the state/district approved platform.
Student Growth Goal	❖ On or before November 30th: All teachers, in collaboration with the primary evaluator, create a student growth goal based on interim District Assessment Results.
First Observation Window ❖ Concludes November 30 th	Begins the day after the evaluation process has been explained to certified personnel and concludes November 30th of each year. ❖ Non-Tenured Teacher: Full Observation must occur in the first window set by the District. ❖ Tenured Teacher: Full Observation can occur in the first or second window set by the District.
Second Observation Window ❖ Concludes March 30 th	Begins December 1st and concludes March 30 ❖ Non-Tenured Teacher: Mini Observation must occur in the second window as set by the District. ❖ Tenured Teacher: Full Observation can occur in the first or second window set by the District.
Non-Tenured Summative Evaluation Completed	On or before April 30th
Non-Tenured Summative Evaluations to District Contact Person	On or before May 15th
Tenured Summative Evaluation Completed	On or before May 15th
Tenured Summative Evaluations to District Contact Person	On or before June 1st
Summative Evaluation Appeal	Within 5 working days of the summative conference
Summative Self-Reflection	❖ Completed by the summative conference
Professional Growth Plan Review	❖ Teachers not on a summative year will meet with primary evaluator by May 15th
Student Growth Goal	
Corrective Action Plan	As Needed Throughout the Process

15th

❖ Non-Tenured Teachers shall receive two observations annually, a full observation in the first window and a mini observation in the second window.

Teacher Self-Reflection

NEW TEACHERS: Only complete self-reflections in the domain and indicators related to your specific growth needs for your PGP. This is done in collaboration with your building administrator.

EXPERIENCED TEACHER (one or more completed years of teaching): Only complete self-reflection in the domains and indicators related to your new, revised, or continued PGP from the previous year. This is done in collaboration with your building administrator.

Domain 1: Planning and Preparation

1a. Demonstrating Knowledge of Content and Pedagogy

1.b. Demonstrating Knowledge of Students

1c. Setting Instructional Outcomes

1d. Demonstrating Knowledge of Resources

1e. Designing Coherent Instruction

1f. Designing Student Assessments

Domain 2: The Classroom Environment

2a. Creating an Environment of Respect and Rapport

2b. Establishing a Culture for Learning

2c. Managing Classroom Procedures

2d. Managing Student Behavior

2e. Organizing Physical Space

Domain 3: Instruction

3a. Communicating with Students

3b. Using questioning and Discussion Techniques

3c. Engaging Students in Learning

3d. Using Assessments in Instruction

3e. Demonstrating Flexibility and Responsiveness

Domain 4: Professional Responsibilities

4a. Reflecting on Teaching

4b. Maintaining Accurate Records

4c. Communicating with Families

4d. Participating in a Professional Community

4e. Growing and Developing Professionally

4f. Showing Professionalism

PGP ACTION PLAN

Teacher: _____ School Year: _____

PROFESSIONAL GROWTH GOAL: September 30th. _____

<i>What do I want to change?</i>	<i>How can I develop a plan of action?</i>	<i>How will I know if I accomplished my objective?</i>	
Activities	Materials/Resources	Target Date:	How has student achievement been impacted?

STUDENT GROWTH GOAL: November 30th. _____

S - Is the goal specific?	M - Is the goal measurable?	A - Is the goal appropriate?	R - Is the goal realistic?	T - Is the goal time-bound?	Targets: Growth & Proficiency

Activities	Materials/Resources	Target Date:	How has student achievement been impacted?

Covington Independent Public Schools

PRE-OBSERVATION FORM

Teacher	
School	
Grade Level/Subject(s)	
Number of Students	
Date/Time of Observation	
Observer	
Questions for Discussion:	Notes:
What is your identified student learning target(s)?	
To which part of your curriculum does this lesson relate?	
How does this learning fit in the sequence of learning for this class?	
Briefly describe the students in this class, including those with special needs.	
How will you engage the students in the learning? What will you do? What will the students do? Will the students work in groups, or individually, or as a large group? Provide any materials that the students will be using.	
How will you differentiate instruction for individuals or groups of students?	
How and when will you know whether the students have achieved the learning target(s)?	
Is there anything that you would like me to specifically observe during the lesson?	

Teacher Observation Instrument

Directions: Highlight a rating for each component and then match evidence from your observation notes to explain the rating for each component. Text boxes expand to accommodate multiple evidence examples.

Teacher: [Click here to enter text.](#)

School: [Click here to enter text.](#)

Evaluator: [Click here to enter text.](#)

Date: [Click here to enter text.](#)

Domain 1: Planning & Preparation	Rating:				Evidence:
Component:					
1A – Knowledge of content and pedagogy	I	D	A	E	
1B – Demonstrating knowledge of students	I	D	A	E	
1C – Setting instructional outcomes	I	D	A	E	
1D – Demonstrating knowledge of resources	I	D	A	E	
1E – Designing coherent instruction	I	D	A	E	
1F – Designing student assessments	I	D	A	E	

Domain 2: Classroom Environment

2A – Creating an environment of respect and Rapport	I	D	A	E	
2B – Establishing a culture for learning	I	D	A	E	
2C – Managing classroom procedures	I	D	A	E	
2D – Managing student behavior	I	D	A	E	
2E – Organizing physical space	I	D	A	E	

Domain 3: Instruction

3A – Communicating with students	I	D	A	E	
3B – Questioning and discussion techniques	I	D	A	E	
3C – Engaging students in learning	I	D	A	E	
3D – Using assessment in instruction	I	D	A	E	
3E – Demonstrating flexibility and responsiveness	I	D	A	E	

Domain 4: Professional Responsibilities

4A – Reflecting on teaching	I	D	A	E	
4B – Maintaining accurate records	I	D	A	E	
4C – Communicating with families	I	D	A	E	
4D – Participating in a professional community	I	D	A	E	
4E – Growing and developing professionally	I	D	A	E	
4F – Showing professionalism	I	D	A	E	

Complete as appropriate:

	NT/T	Full	Mini	Summative
Window 1				
Window 2				

Comments

The Signatures below indicate the evaluatee and evaluator have reviewed and discussed the content of this form.

Evaluatee's Signature Date

Evaluator's Signature Date

Covington Independent Public Schools Post-Observation Form

Interview Protocol for Planning in the Framework

Teacher	
School	
Grade Level/Subject(s)	
Number of Students	
Date/Time of Observation	
Observer	

1. In general, how successful was the lesson? Did the student learn what you intended for them to learn? How do you know?

2. If you were able to bring samples of student work, what do those samples reveal about those students' levels of engagement and understanding?

3. Comment on your classroom procedures, student conduct and your use of physical space. To what extent did these contribute to student learning?

4. Did you depart from your lesson plan? If so, how, and why?

5. Comment on the different aspects of your instructional delivery (e.g. activities, grouping of students, material, and resources). To what extent were they effective?

6. If you had a chance to teach this lesson again to the same group of students, what would you do differently?

7. Is there anything you would like to specifically note about the lesson?

Covington Independent Public Schools TCEP Summative Conference Form

- Tenured
- Non-Tenured

Evaluatee: _____ **School:** _____

Evaluator: _____ **Position:** _____

Grade/ Content Area: _____

FORMATIVE OBSERVATION	Pre-Observation* Date	Observation Date	Post Observation Date
<input type="checkbox"/> Full			
<input type="checkbox"/> Mini			

Evaluatee Signature *Date* *Evaluator Signature* *Date*

FORMATIVE OBSERVATION	Pre-Observation* Date	Observation Date	Post Observation Date
<input type="checkbox"/> Full			
<input type="checkbox"/> Mini			

Evaluatee Signature *Date* *Evaluator Signature* *Date*

FORMATIVE OBSERVATION	Pre-Observation* Date	Observation Date	Post Observation Date
<input type="checkbox"/> Full			
<input type="checkbox"/> Mini			

Evaluatee Signature *Date* *Evaluator Signature* *Date*

FORMATIVE OBSERVATION	Pre-Observation* Date	Observation Date	Post Observation Date
<input type="checkbox"/> Full			
<input type="checkbox"/> Mini			

Evaluatee Signature *Date* *Evaluator Signature* *Date*

Professional Practice Rating

Professional Practice:	Exemplary	Accomplished	Developing	Ineffective
Domain 1:				
Domain 2:				
Domain 3:				
Domain 4:				

CRITERIA FOR DETERMINING TEACHER'S PROFESSIONAL PRACTICE RATING	
IF...	THEN...
Domains 2 AND 3 are rated INEFFECTIVE	Professional Practice Rating shall be INEFFECTIVE
Domains 2 OR 3 are rated INEFFECTIVE	Professional Practice Rating shall be DEVELOPING OR INEFFECTIVE
Domains 1 OR 4 are rated INEFFECTIVE	Professional Practice Rating shall NOT be EXEMPLARY
Two Domains are rated DEVELOPING and two Domains are rated ACCOMPLISHED	Professional Practice Rating shall be ACCOMPLISHED
Two Domains are rated DEVELOPING and two Domains are rated EXEMPLARY	Professional Practice Rating shall be ACCOMPLISHED
Two Domains are rated ACCOMPLISHED and two Domains are rated EXEMPLARY	Professional Practice Rating shall be EXEMPLARY

Professional Practice Rating: (Circle One)	Exemplary	Accomplished	Developing	Ineffective
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Evaluatee's Comments:

Evaluator's Comments:

Evaluator Signature

Date

Student Growth Rating

Local Student Growth Goal OVERALL DECISION MATRIX				
GROWTH COMPONENT	HIGH	EXPECTED	HIGH	HIGH
	EXPECTED	LOW	EXPECTED	HIGH
	LOW	LOW	LOW	EXPECTED
		LOW	EXPECTED	HIGH

Student Growth Rating: (Circle One)	High	Expected	Low
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Evaluatee's Comments:

Evaluator's Comments:

Evaluatee Signature

Date

Evaluator Signature

Date

Evaluatee _____ School Year _____

SUMMATIVE EVALUATION

Overall Performance Category

MINIMUM CRITERIA FOR DETERMINING AN EDUCATOR'S OVERALL PERFORMANCE CATEGORY		
PROFESSIONAL PRACTICE RATING	OVERALL STUDENT GROWTH TREND RATING	OVERALL PERFORMANCE CATEGORY
Exemplary	High OR Expected	EXEMPLARY
	Low	DEVELOPING
Accomplished	High	EXEMPLARY
	Expected	ACCOMPLISHED
	Low	DEVELOPING
Developing	High	ACCOMPLISHED
	Expected OR Low	DEVELOPING
Ineffective	High	DEVELOPING
	Expected or Low	INEFFECTIVE

Overall Performance Category: (Circle One)	Exemplary	Accomplished	Developing	Ineffective
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To be signed after all information above has been completed and discussed:

Evaluatee: **Agrees with this summative evaluation** **Disagrees with this summative evaluation**

Evaluatee's Comments: _____

Evaluator's Comments: _____

_____ *Evaluatee Signature* _____ *Date*

_____ *Evaluator Signature* _____ *Date*

Opportunities for the appeal processes (local and state) are a part of the Covington Independent Public Schools Evaluation Plan.

Employment Recommendation to Central Office:

_____ Recommended for re-employment _____ Not recommended for re-employment

Evaluation Appeal Form for Teachers

This form is to be used by certified employees who wish to appeal their performance evaluations to the Appeal Panel.

Employee's Name _____

Home Address _____

What specifically do you object to or why do you feel you were not fairly evaluated?

If additional space is needed, attach extra sheet.

Date you received the summative evaluation

Name of Evaluator _____ Date _____

I hereby give my consent for my evaluation records to be presented to the members of the Evaluation Appeal Panel for their study and review. I will appear before the Panel if requested.

Employee's Signature

Date

COMPLETING THE INDIVIDUAL CORRECTIVE ACTION PLAN

This plan is to be completed by the evaluator (with discussion and assistance from the evaluatee) as it relates to an “ineffective” rating on any one **Domain** or when an immediate change in behavior or practice is needed. The evaluator and evaluatee must identify corrective action goals and objectives; procedures and activities designed to achieve the goals; and targeted dates for appraising the evaluatee’s improvement of the domain(s) or behavior or practice. It is the evaluator’s responsibility to document all actions taken to assist the evaluatee in improving his/her performance.

1. Domain Number/Immediate Change in Behavior or Practice

Identify the specific component(s) that has an “ineffective” rating assigned, or indicate the immediate change required in behavior or practice.

2. Objectives

Objectives must address the specific domain(s) rated as “ineffective” or the immediate change in behavior or practice. The evaluatee and evaluator work closely to correct the identified weaknesses.

3. Strategies

Identify and design specific strategies for the improvement of performance. Include support personnel, when appropriate.

4. Assessment Method and Target Dates

List the specific target dates and appraisal methods used to determine improvement of performance. Exact documentation and record keeping of all actions must be provided to the evaluatee.

5. Documentation of all reviews, corrective actions, and evaluator’s assistance must be provided periodically (as they occur) to the evaluatee.

SCHOOL YEAR _____

COVINGTON INDEPENDENT PUBLIC SCHOOLS
Corrective Action Plan

Name: _____ Date: _____

Area of Concern	Growth Objective(s)/Goal(s) (Describe desired outcomes)	Procedure and Activities for Achieving Goal(s)/Objectives(s) (including support personnel)	Appraisal Method and Target Dates
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*Add additional pages if needed

Date of Expected Correction: _____ Immediate _____ Within 30 days _____ Other
(specify below)

Corrective Action Plan Developed:

Corrective Action Plan Reviewed:

Status: _____ MET _____ NOT MET

Evaluatee's Signature Date

Evaluatee's Signature Date

Evaluator's Signature Date

Evaluator's Signature Date