

East Lyme Public Schools



Educator Evaluation Forms

Appendix A

East Lyme Public Schools
Teacher Goal Setting – Category #1
Teacher Performance and Practice (40%)

Teacher	Evaluator	Date
School	Assignment/Grade	Subject

Professional Growth Goal :

Using relevant student learning data, a self-assessment of practice relative to the CT framework rubric, feedback from your Principal and previous professional development, establish 1-3 areas of professional growth (i.e. questioning techniques, management, environment). Goals should have a clear link to student achievement and move teacher toward Exemplary on the Connecticut Framework. This plan should anchor and be responsive to professional growth conversations throughout the year.

Professional Growth Plan:

The professional growth plan below should detail action steps associated with each of your goals listed above. The growth plan should be revisited throughout the year with both your evaluator and peers (e.g., at mid-year check-in and end-of-year summative review) and adjusted as needed.

Professional Growth Goal #1 (required):

Professional Growth Goal #1 (required)		
Action Steps and Data to Collect	Evidence of Progress and/or Next Steps	Resources/Support Needed
1.	Date(s): Evidence:	
2.	Date(s): Evidence:	
3.	Date(s): Evidence:	

Professional Growth Goal #2 or more (optional):

Check box to pull down space for additional goals

<hr/>	<hr/>	Mid-year check-in date:
Evaluator Approval	Date	
<hr/>	<hr/>	End-of-year summative date:
Teacher Approval	Date	

East Lyme Public Schools
Teacher Goal Setting – Category #2
Parent Feedback (10%)

Teacher	Evaluator	Date
School	Assignment/Grade	Subject

Principals and teachers should review parent survey results by the beginning of the school year to identify areas of need and set general parent engagement goals based on the survey results. After school-level goals have been set, you and your evaluator will collaborate to determine one parent-related goal to pursue. *Possible goals include: improving communication with parents, helping parents become more effective in support of homework, improving parent-teacher conferences, etc.*

Parent Engagement Goal:

Growth/Improvement Targets:

Set growth/improvement targets related to your goal. There are two ways you can measure and demonstrate progress on your growth targets.

- a. You can choose to measure how successfully you implement a strategy to address an area of need, and/or
- b. You can collect evidence directly from parents to measure parent-level indicators you generate. *For example, you might conduct interviews with parents or a brief parent survey to see how well you have met your target goal.*

Evaluator Approval:

- ☐ Goal is related to overall school improvement parent goals.
- ☐ The improvement targets are ambitious but achievable.

Evaluator Approval

Date

Teacher Approval

Date

Form A-3

East Lyme Public Schools
Teacher Goal Setting – Category #3
Student Growth and Development (SLO) (45%)

Teacher	Evaluator	Date
School	Assignment/Grade	Subject

Student Learning Objective (SLO):

of students covered by this SLO:

% of students covered by this SLO:

Rationale for Objective:

(1) Why was the objective chosen? (2) What specific Connecticut and/or National Standards does it address?

Indicator(s) of Academic Growth and Development (IAGD):

An IAGD is evidence you use to determine success in achieving the SLO. Two IAGDs are required: additional indicators are optional. Please number the indicator(s) and clearly indicate for each the level of performance that is targeted and for which students. An indicator should represent at least one year's growth and/or mastery of grade level content standards.

Indicator of Academic Growth and Development (IAGD) #1 (required):

Please check one: ☐ Standardized Indicator(s) Used ☐ Non-Standardized Indicator(s) Used

Indicator of Academic Growth and Development (IAGD) #2 (required):

Please check one: ☐ Standardized Indicator(s) Used ☐ Non-Standardized Indicator(s) Used

Indicator of Academic Growth and Development (IAGD) # 3 (optional):

Please check one: ☐ Standardized Indicator(s) Used ☐ Non-Standardized Indicator(s) Used

Baseline Data/Background Information:

Please include what you know about the targeted students' performance, skills and achievement levels at the beginning of the year (relevant to this SLO) as well as any additional student data or background information that you used in setting your objective. Provide this information for each IAGD, if specific pre-test or baseline data are available. (Optional – attach documentation of data)

Baseline Data/Background Information:**Strategies/Actions to Achieve the SLO/IAGD:**

(include additional strategies as needed)

Data Collection/Assessment of Progress Toward Achieving the SLO/IAGD:

What data will you collect to assess progress toward achieving the IAGD?

If standardized test results will not be available before the end of the school year, please indicate that here.

(Optional – attach documentation of data)

Professional Learning Support:

What professional learning and/or other type of support would help you to achieve this SLO/IAGD?

TO BE FILLED OUT BY ADMINISTRATOR:

Priority of Content

- ☐ Objective is deeply relevant to teacher's assignment
- ☐ Objective addresses identified student needs.

Comments:

Quality of IAGDs

- ☐ IAGDs provide specific, measurable evidence of students' progress over the school year or semester.

Comments:

Rigor of Objective

- ☐ Objective is attainable, but ambitious, and represents at least one year's student growth (or appropriate growth for a shorter interval of instruction or circumstances).

Comments:

Signatures *(to be completed after discussion of SLO)*

- ☐ **Approved** ☐ **Revisions Required – Resubmit by:** _____

Evaluator

Date

Teacher

Date

Form A-4

**East Lyme Public Schools
Teacher Goal-Setting – Category #4
Whole-School Student Learning Indicator (5%)**

Teacher	Evaluator	Date
School	Assignment/Grade	Subject

Whole school student learning indicator:

_____ Evaluator	_____ Date
_____ Teacher Acknowledgement	_____ Date

Form B**East Lyme Public Schools
Mid-Year Check-in/Ratings**

Teacher	Evaluator	Date
School	Assignment/Grade	Subject

Reflection

Describe progress to date for each of the four indicators below. Include if additional professional learning and/or support are needed to achieve these goals. Indicate any revisions/adjustments to strategies/goals.

Student Growth-50%

	<u>Self-Assessment/Reflection</u>	<u>Evaluator Assessment</u>
Student Growth and Development SLO & IAGDs (45%)		Satisfactory <input type="checkbox"/> Unsatisfactory <input type="checkbox"/>
Whole School Student Learning (5%)		Satisfactory <input type="checkbox"/> Unsatisfactory <input type="checkbox"/>

Teacher Practice-50%

	<u>Self-Assessment/Reflection</u>	<u>Evaluator Assessment</u>
Observation of Teacher Practice and Performance (40%)		Satisfactory <input type="checkbox"/> Unsatisfactory <input type="checkbox"/>
Parent Feedback Survey (10%)		Satisfactory <input type="checkbox"/> Unsatisfactory <input type="checkbox"/>

Evaluator

Date _____

Teacher
Date

Form C**East Lyme Public Schools
End-of-Year Summative Review/Ratings**

Teacher	Evaluator	Date
School	Assignment/Grade	Subject

Teacher Self-Assessment/Reflection

- (1) Describe the results to date and provide evidence for each area, (2) provide your overall assessment of progress toward the objective, (3) describe what you have done that produced these results, (4) describe what you have learned and how you will use it going forward.

Student Growth – 50%

Student Growth and Development- SLO & IAGD (45%)

Whole School Student Learning (5%)

Teacher Practice – 50%

Teacher Performance and Practice (40%)

Parent Feedback (10%)

Evaluator Assessment**Student Growth-50%**

Student Growth and
Development –SLOs &
IAGDs(45%)
Comments:

☐ Exemplary
(4)

☐ Proficient
(3)

☐ Developing
(2)

☐ Below
Standard (1)

Whole School Student
Learning (5%)
Comments:

☐ Exemplary
(4)

☐ Proficient
(3)

☐ Developing
(2)

☐ Below
Standard (1)

Teacher Practice- 50%

Teacher Practice
and Performance (40%)
Comments:

☐ Exemplary
(4)

☐ Proficient
(3)

☐ Developing
(2)

☐ Below
Standard (1)

Parent Feedback (10%)
Comments:

☐ Exemplary
(4)

☐ Proficient
(3)

☐ Developing
(2)

☐ Below
Standard (1)

Form D

East Lyme Public Schools
End-of-Year Summative Teacher Evaluation Scoring

Teacher	Evaluator	Date	
School	Assignment	Subject	
Student Growth Outcome Rating: 50%			
Component	Score (1-4)	Weight	Points (Score x Weight)
Student Growth and Development (SLOs)		45%	
Whole School Student Learning		5%	
TOTAL STUDENT RELATED POINTS:			
*STUDENT OUTCOME RATING:			

* See rating table below.

Teacher Practice Ratings: 50%			
Component	Score (1-4)	Weight	Points (Score x Weight)
Observation of Teacher Performance and Practice		40%	
Parent Feedback		10%	
TOTAL TEACHER PRACTICE POINTS			
*TEACHER PRACTICE RATING:			

* See rating table below.

*** Rating Table**

Teacher Practice Points	Teacher Practice Rating
50-80	Below Standard
81-126	Developing
127-174	Proficient
175-200	Exemplary

Summative Rating Matrix		Teacher Practice Rating			
		Exemplary	Proficient	Developing	Below Standard
Student Rating	Exemplary	Exemplary	Exemplary	Proficient	<i>Additional Information Needed</i>
	Proficient	Exemplary	Proficient	Proficient	Developing
	Developing	Proficient	Proficient	Developing	Developing
	Below Standard	<i>Additional Information Needed</i>	Developing	Developing	Below Standard

FINAL SUMMATIVE RATING

Use the Summative Rating Matrix to determine the final summative rating.

☐ Exemplary (4)

☐ Proficient (3)

☐ Developing (2)

☐ Below Standard
(1)

Target Areas for Professional Growth:

Evaluator

Date

Teacher

Date

- ☐ **Performance Improvement Plan**
- ☐ **Unsatisfactory Performance Remediation Plan**

Teacher:

School:

Assignment:

School Year:

Evaluator Name/Title:

Teaching Indicator(s) or Domain Focus of the Plan:

Improvement Plan:

Objective(s):

Activities planned to assist the teacher in demonstrating the indicator(s). Include anticipated completion date(s).

Activities

Date

Support/Assistance Needed:

Monitoring/Evaluating Activities and Schedule:

Substantiating Data and Comments:

Indicator Number	Demonstrated	Serious & Significant Improvement Shown	Insufficient Improvement

Form E
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Evaluation:

- ____ Indicator(s) Demonstrated
- ____ Serious and Significant Improvement Demonstrated
- ____ Insufficient Improvement

For the _____ school year, you will be involved with the evaluation plan at the following level:

- ____ Exemplary/Distinguished
- ____ Proficient/Accomplished
- ____ Developing
- ____ Below Standard

Signatures attest evaluation has been read and discussed.

Assessor _____ Date _____

Teacher _____ Date _____

East Lyme Public Schools

Conflict Resolution Procedure

Level 1

I, _____, am informing my supervisor/evaluator, _____,
(your name) (supervisor/evaluator's name)
that I am instituting the Conflict Resolution Procedure on _____. The nature of
(date)
the disagreement is written below.

In the space below, please specify the nature of the disagreement and the results of previous discussions to resolve this issue. If more space is necessary, please attach it on a separate piece of paper.

At the meeting, the conflict was ____ resolved, or ____ unresolved. (please check one)

Statement by supervisor/evaluator of the outcome of the meeting:

Signatures attest that the conflict has been read by the following and discussed.

Evaluator _____ Date _____

Teacher _____ Date _____

Form F
Page 2 of 3

Level 2 (See plan as to if this level is skipped)

I, _____, am informing the principal, _____, that I
(your name) (supervisor/evaluator's name)
that I am on _____ requesting a meeting with you and my evaluator to discuss
(date)
the afore written conflict within 3 days of receiving this form.

MEETING TIME (set by the principal): _____

At the meeting the conflict was _____ resolved, or _____ not resolved. (please check one)

Statement by the principal of the outcome of the meeting:

In the space below, please specify the nature of the disagreement and the results of previous discussions to resolve this issue. If more space is necessary, please attach it on a separate piece of paper.

At the meeting, the conflict was ____ resolved, or ____ unresolved. (please check one)

Statement by supervisor/evaluator of the outcome of the meeting:

Signatures attest to being present at the meeting

Teacher _____ Date _____

Evaluator _____ Date _____

Principal _____ Date _____

Form F
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Level 3

I, _____, am still not satisfied with the decision and request a meeting within 15 school days of the date below with the Superintendent and with the following people at a mutually agreed upon time: (Please check all appropriate participants.)

_____ ELTA President or designee
_____ Evaluator/Principal
_____ Assistant Superintendent
_____ Other _____

Copies of this form were sent on _____ to the aforementioned participants.

MEETING TIME (will be set by the Superintendent): _____

Conflict has been _____ resolved, or _____ not resolved. (please check one)

Statement by the Superintendent of the outcome of the meeting:

Signatures attest to being present at the meeting

Evaluator _____ Date _____

Teacher _____ Date _____

ELTA President or Designee _____ Date _____

Asst. Superintendent _____ Date _____

Superintendent _____ Date _____

Other _____ Date _____

SMART Goal Worksheet

Goal:

<u>Specific</u> <ul style="list-style-type: none">What is the desired result? (who, what, when, why, how)	
<u>Measurable</u> <ul style="list-style-type: none">How can you quantify (numerically or descriptively) completion?How can you measure progress?	
<u>Achievable</u> <ul style="list-style-type: none">What skills are needed?What resources are necessary?How does the environment impact goal achievement?Does the goal require the right amount of effort?	
<u>Relevant</u> <ul style="list-style-type: none">Is the goal in alignment with the overall mission or strategy?	
<u>Time-bound</u> <ul style="list-style-type: none">What is the deadline?Is the deadline realistic?	

Sample Lesson Plan

Course: _____	
Unit: _____	
Stage 1: Desired Results	
Goals	
Learner Outcomes	Sample Indicators/Assessments
▪	▪
Standards (CCSS / CT / National)	
▪	
Essential Vocabulary	
Essential Questions	
Stage 2: Assessment Evidence	
Assessment	
Stage 3: Learning Activities	
Activities	
Resources	

