

Dallas ESD #327
Teacher Evaluation Plan

Teacher's Name _____ Date _____
 Grade & Subject Assignment _____
 Evaluator's Name _____

Frequency:

1. All full time non-tenured teachers shall be formally evaluated at least two (2) times during each year of non-tenured employment with the last evaluation to be completed by February 28th. **The length of time between evaluations will be a minimum of twenty (20 school days).** Each formal, written evaluation shall be preceded by a pre-conference and at least one (1) classroom observation of twenty (20) minutes or more. Each evaluation shall be followed by an evaluator-teacher post conference within ten (10) school days following the observation.
2. All tenured teachers shall be formally evaluated at least once every two (2) years **and must be completed by April 1.** It shall be preceded by a pre-conference, a classroom observation of at least twenty (20) minutes, followed by a post conference within ten school days after the observation.

Ratings: Four categories will be evaluated

	E	P	NI	U
Planning and Preparation				
Classroom Environment				
Instruction				
Professional Responsibility				

Component	Raw Score	Weight	Weighted Score
Professional Standard Rubric		70%	
Student Growth Measure 1		15%	
Student Growth Measure 2		15%	
Final Evaluation Rating (Sum of Weighted Scores)			

Overall ratings for each area of performance will be calculated by finding the average of the elements within each areas of performance:

- | | |
|----------------------|-----------|
| a) Exceeds/Excellent | 3.26-4.0 |
| b) Proficient | 2.51-3.25 |
| c) Needs Improvement | 1.76-2.50 |
| d) Unsatisfactory | 1.0-1.75 |

Signature of Evaluator

Date

Signature of Teacher

Date

**STAFF EVALUATION
CONFERENCE RECORD AND FINAL REPORT**

Name of Teacher: _____

Teaching Assignment: _____

Years in District: _____ Years in Teaching: _____

Degree(s) Held: _____

Name of Supervisor (s): _____

Visitation and Conference Record:

	Date of Duration	Teacher Signature	Supervisor Signature
Goal Setting			
Pre-Observation (1) Conference			
Observation (1)			
Post-Observation (1) Conference			
Pre-Observation (2) Conference			
Observation (2)			
Post-Observation (2) Conference			
Final Evaluation Conference			

SIGNATURE OF TEACHER (signifying that this report has been read by teacher and that all dates and duration notations are correct) _____

SIGNATURE OF PRINCIPAL (signifying that to the best of your knowledge that the teacher has been made aware of all information recorded in this document) _____

If you refuse to sign, please indicate reason(s) for your refusal and file a grievance at Level III of the Grievance Procedure within 48 hours of the Final Evaluation Conference.

Job Description
Duties and Responsibilities

Teacher _____

Years in district _____ Years in teaching _____

Degree(s) Held _____

Please list number of years of experience in each subject area of grade level.

Number of Years	Subject or Grade	Number of Years	Subject or Grade

Current Teaching Responsibility:

Number of Classes per Day _____ Number of Preparations _____

Size of Classes _____ Grade Level _____

Pupil Population: (describe class make-up as to regular class, special needs, diversity)

Additional: assignments/responsibilities assigned. (This does not include extra-curricular activities)

Professional Growth Activities (since last evaluation)

Evaluation Summary

Administrator's Comments: Strengths and Weaknesses

Teacher's Comments:

Pre-Observation Data Sheet

(Must be returned to Principal 24 hours prior to formal observation)

Teacher's Initials

Date

Objectives and Plans for the Evaluation Period on:

(Date)

(Time)

1. What are the objectives of this lesson? (Goals & Standards)
2. What is the plan for achieving the objectives? (Unit, lesson, page, introductory, middle or culminating activity)
3. How are you going to know if students have achieved the lesson objective (Substantiate)
4. Are there any group or individual characteristics or circumstances of which the qualified administrator should be aware? (Unusual behaviors, grouping interactions, students leaving class during period, lab work, etc.)

Any material that affect or relate to the lesson shall be submitted to the qualified administrator with this data sheet: (textbook, tests, quizzes, worksheets, homework, assignments, etc..)

Observation of Teacher's Attendance Report

For the previous school year, (applicable for every teacher, except first year teachers) the following are days which the teacher did not work.

	Mondays	Tuesdays	Wednesdays	Thursdays	Fridays
Absent	_____	_____	_____	_____	_____
Personal Leave	_____	_____	_____	_____	_____
In-Service or Workshop	_____	_____	_____	_____	_____

Comments: (Comment section must be used.)

Teacher's Initials Date

Administrator's Initials Date