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| **NAME:** | **MEMBERS OF PROFESSIONAL DEVELOPMENT TEAM** |
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| **PRIMARY EVALUATOR:** | **NAME:** |
|  |  |
| **SCHOOL:** | **NAME:** |
|  |  |
| **SCHOOL YEAR:** | **NAME:** |
|  |  |
| **SUBJECT:** | **NAME:** |

Objectives: Teachers participating in this form of evaluation and assessment have demonstrated a commitment to powerful teaching and learning. The Board adopted Standards for Effective Teaching specify the areas for evaluation as well as the criteria. By the end of fifteen (15) working days, submit for approval by your prime evaluator your professional development plan as it relates to the four areas of evaluation:

1. Planning, preparation, and assessment of student progress in subject content and skills and progress toward state-adopted academic content standards
2. Maintaining learning environment
3. Instruction
4. Professional responsibilities and other school related activities.

You are expected to submit a Progress Report to your evaluator by the end of the first semester. Prior to March 30th, you must submit a written self-evaluation to your professional development team and your primary evaluator for comments. (You may use and attach additional pages as needed.)

**OBJECTIVE:**

| **ACTIVITIES** | **EVIDENCE OF PROGRESS** | **REVIEW DATE** |
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| **ACTIVITIES** | **EVIDENCE OF PROGRESS** | **REVIEW DATE** |
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**OBJECTIVE:**

| **ACTIVITIES** | **EVIDENCE OF PROGRESS** | **REVIEW DATE** |
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## EMPLOYEE’S SIGNATURE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EVALUATOR’S SIGNATURE ­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SIGNATURES OF PROFESSIONAL DEVELOPMENT TEAM MEMBERS:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**NAME SIGNATURE**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**NAME SIGNATURE**

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**NAME SIGNATURE**

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**NAME SIGNATURE**