|  |  |  |  |
| --- | --- | --- | --- |
| **Teacher Name:** |       | **Date:** |       |
| **School:** |       | **Grade:** |       | **Subject:** |       |
| **# Students covered by this SLO:** |       | **% Students covered by this SLO:** |       |

**Student Outcomes (50%)**

**Student Learning Objective (45%) + Whole School Learning Goal (5%)**

**Student Learning Objective (SLO)**

*Record the SLO and be prepared to explain the rationale for selection and alignment to state/national standards.*

**Background Information and Baseline Data**

**Strategies/Actions to Achieve the SLO**

*Record SLO strategies/actions.*

**Indicator(s) of Academic Growth and Development (IAGD) 45%**

*Remember to*

* *If IAGD is tiered, use 1a, 1b, 1c, etc.*
* *Set one non-standard IAGD if one standard IAGD is set.*
* *Address a significant proportion of your total student caseload and each achievement level.*
* *Set rigorous growth targets for every student in the selected proportion of your total caseload.*

|  |  |  |  |
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| **IAGD 1** | **Mid-year IAGD Progress** | **Mid-Year IAGD Revision if applicable** | **End of Year Outcome** |
|       |       |       |       |

**Mid-year Narrative**

**Interim Assessments/Assessment of SLO Progress:**

*Summarize results and describe additional interventions for those students noted above who are not on track towards reaching the end of year set targets*.

**End-of-year Narrative**

|  |  |  |  |
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| **IAGD 2** | **Mid-year IAGD Progress** | **Mid-Year IAGD Revision if applicable** | **End of Year Outcome** |
|       |       |       |       |

**Mid-year Narrative**

**Interim Assessments/Assessment of SLO Progress:**

*Summarize results and describe additional interventions for those students noted above who are not on track towards reaching the end of year set targets*.

**End-of-year Narrative**

**Whole School Student Learning 5%**

***NA in 2017-2018***

**Goal:**

*Record the Whole School Learning Goal established by your administration and include one strategy which supports the Whole School Learning Goal.*

**Mid-year Strategy Narrative**

**End-of-year Narrative**

**Teacher Practice (50%)**

**Performance and Practice (40%) + Parent Feedback Goal (10%)**

**Teacher Performance and Practice Goal 40%**

*Record the goal identified in the end-of-year conference. If new to district or school, the goal shall be mutually agreed upon during the goal-setting process.*

**Goal:**

**Action Steps:**

**Mid-year Narrative**

**End-of-year Narrative**

**Parent Feedback Goal (set by administration) 10%**

*Record school goal and add teacher steps to be taken in support of its achievement.*

**Goal:** To sustain the positive relationships with families that promote student success, I shall implement the following action steps that address home/school communication regarding student academic/behavioral progress.

**Action Steps:**

District/School Expectations

* annually update my web site to include course syllabi, contact information, after school help information
* update PowerSchool every two weeks
* participate in Week in a Peek (academic subjects)
* as needed, email blasts to parents/guardians, letters home, etc. (non-academic subjects)
* return all emails/phone calls within 48 business hours
* make contact with parent/guardian of student whose average, at any time beyond the start of a trimester, is D+ or lower
* Beyond Expectations
* use remind.com to notify students/parents & guardians of impending major assignments, tests, quizzes
* issue weekly “Good News” postcards, emails, etc. to parent/guardians trumpeting student academic/behavioral positives
* offer parent/guardian additional materials/resources (other than lesson-embedded) to facilitate student learning

**Mid-year Narrative**

**End-of-year Narrative**

**Professional Support/Development Needed**

*Please list any support/development needed for Student Outcomes or Teacher Practice below.*

**Target Areas for Growth**

*Identify Domain(s) and Indicator(s) to establish as your focus for the following year.*

**EVALUATOR SECTION**

**GOAL SETTING**

**Evaluator Comments**

**SIGNATURES**

**Evaluator:**   **Date:**

**Teacher:**   **Date:**

**MID-YEAR CHECK IN**

**STUDENT OUTCOMES INDICATORS**

**Student Growth and Development**

Is the staff member on track towards achieving SLO (IAGDs)?

YES [ ]  NO [ ]

Comments: (optional)

**Whole School Student Learning**

Has the staff member made progress towards the chosen strategy?

YES [ ]  NO [ ]

Comments: (optional)

**TEACHER PRACTICE\_RELATED INDICATORS**

**Performance and Practice**

Has the staff member made progress on the selected goal?

YES [ ]  NO [ ]

Comments: (optional)

Comments on Formal/Informal Observations and Review of Practice:

**Parent Feedback**

Has the staff member made progress on the selected action steps?

YES [ ]  NO [ ]

Comments: (optional)

**SIGNATURES**

**Evaluator:**  **Date:**

**Teacher:**  **Date:**

**END OF YEAR**

|  |
| --- |
| **HOLISTIC FINAL SUMMATIVE RATING** |
| **Based on the preponderance of evidence, the rating below values *Observation of Teacher Performance* *and Practice* and *Student Growth Outcome* greater than *Parent Feedback* and *Whole School Student Learning*.** |
| **EXEMPLARY** | **PROFICIENT** | **DEVELOPING** | **BELOW STANDARD** |
|  [ ]  |  [ ]  |  [ ]  |  [ ]  |

Comments:

**Staff Member Acknowledgement:**

*I acknowledge that the information contained in this End-of-year Summative Teacher Evaluation was discussed and reviewed with me. My signature does not, however, necessarily imply that I agree with the evaluation. I have been encouraged to add my comments, if any, in writing.*

*[ ]* Additional comments are attached*.*

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| --- | --- | --- | --- |
| **SIGNATURES****Teacher:** |  | **Date:** |  |
| **Evaluator:** |  | **Date:** |  |