CERTIFICATED STAFF MEMBER EVALUATION

**Certificated Staff Member Grade/Subject/Assignment**

**Date & Time Observed Date Met**

RATINGS: S - SATISFACTORY; U – UNSATISFACTORY

|  |  |  |
| --- | --- | --- |
|  | S | U |
| Instructional Performance |  |  |

Standards of Performance (Including but not limited to the following items.)

1. Communicates clearly and accurately with students.

2. Uses a variety of instructional techniques.

3. Uses questioning skills effectively.

4. Individualizes instruction.

5. Sets high expectations for student achievement.

6. Evaluates and provides feedback on student performance.

7. Encourages student interest and displays enthusiasm.

**Comments:**

|  |  |  |
| --- | --- | --- |
|  | S | U |
| Classroom Organization and Management |  |  |

Standards of Performance (Including but not limited to the following items.)

1. Creates a positive learning environment through classroom expectations.

 2. Demonstrates evidence of planning and organization.

3. Manages student behavior in whole group, small group, and individual settings.

 4. Maximizes student time on task.

 5. The appearance of the classroom is conducive to student learning

**Comments:**

|  |  |  |
| --- | --- | --- |
|  | S | U |
| Personal and Professional Conduct |  |  |

Standards of Performance (Including but not limited to the following items.)

 1. Interacts in a professional manner with staff, parents, and students.

 2. Seeks out and participates in relevant professional growth activities.

 3. Follows district policies and procedures

 4. Is supportive of the total school program.

**Comments:**

Evaluator(s) **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Title **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

I acknowledge receiving a copy of this evaluation. My signature merely indicates receipt of the evaluation, and does not indicate agreement with it. I understand that if I disagree with any of the facts or conclusions stated in the evaluation, I have the opportunity to set forth my position in writing within seven calendar days.

Staff Member **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Date **\_\_\_\_\_\_\_\_\_\_\_**