

PTS Teacher Exemplary or Proficient Formative- Moderate to High Growth- Year 1 of 2 > WH- Ed Eval- Formative Eval Report Form (by <Primary Evaluator>) (Read-only)

Formative Evaluation Report Form

For educators on two-year Self-Directed Growth Plans at the end of Year One of the cycle

Educator—Last Name:

First Name:

Primary Evaluator—Name/ Title:

Supervising Evaluator, if any —Name/Title/Role in evaluation:

School(s):

Assessing:

Progress toward attaining goals Performance on Standards

Both

Progress Toward Student Learning Goal(s)

Progress Toward Student Learning Goal(s):

Did not meet Some progress

Significant Progress Met

Exceeded

Learning goals rationale, evidence, and feedback for improvement:

Progress Toward Professional Practice Goal(s)

Progress Toward Professional Practice Goal(s):

Did not meet Some progress

Significant Progress Met

Exceeded

Professional goals rationale, evidence, and feedback for improvement:

Complete

Select:		
	Evaluator is assigning same ratings as prior Summative Evaluation; no comments needed	Evaluator is assigning ratings that differ from prior Summative Evaluation; comments are required

I: Curriculum, Planning, & Assessment

Select:				
	Unsatisfactory	Needs Improvement	Proficient	Exemplary

i. Rationale, evidence, and feedback for improvement:

II: Teaching All Students

Select:				
	Unsatisfactory	Needs Improvement	Proficient	Exemplary

ii. Rationale, evidence, and feedback for improvement:

III: Family/Community Engagement

Select:				
	Unsatisfactory	Needs Improvement	Proficient	Exemplary

iii. Rationale, evidence, and feedback for improvement:

IV: Professional Culture

Select:				
	Unsatisfactory	Needs Improvement	Proficient	Exemplary

iv. Rationale, evidence, and feedback for improvement:

Complete

Select:		
	Evaluator is assigning same ratings as prior Summative Evaluation; no comments needed	Evaluator is assigning ratings that differ from prior Summative Evaluation; comments required

Rating

Select:				
	Unsatisfactory	Needs Improvement	Proficient	Exemplary

Rationale, evidence, and feedback for improvement:

Plan Moving Forward

Select:				
	Self-Directed Growth Plan	Directed Growth Plan	Improvement Plan	Developing Educator Plan

Signature of Evaluator

Date Completed:

Signature of Educator*

Date Received:

*

Signature of the educator indicates acknowledgement of this report; it does not necessarily denote agreement with the contents of the report. Educators have the opportunity to respond to this report in writing and may use the Educator Report Form.

Form Owner Signature

Signature

Digitally Sign

Educator Response

Signature

Digitally Sign