

SIoux FALLS SCHOOL DISTRICT 49-5
PROFESSIONAL STAFF
CLASSROOM EVALUATION FORM

NAME: _____

SCHOOL: _____

Classroom Description:

Grade, subject etc.: _____

Number of students: _____

Other relevant information: _____

CHECK ONE:

Staff member in first three years of employment
Comprehensive Evaluation - Observation (check one) #1 #2 #3

Staff member in or beyond fourth consecutive year of employment
Comprehensive Evaluation - Observation (check one) #1 #2

Staff member in or beyond fourth year with an assignment change
Annual Evaluation - Observation #1

Pre-Observation Date: _____ Observation Date: _____

- Rating Guide:
- H** - Demonstrates high level of mastery in this area
 - E** - Consistently demonstrates evidence in this area
 - A** - Attempts to address this area, but evidence was inconsistent
 - NE** - Demonstrates no evidence in this area
 - NA** - This area was not applicable to this observation

RATING: AREA OF EVALUATION

_____ Section 1 PLANNING FOR INSTRUCTION _____

_____ Section 2 IMPLEMENTING INSTRUCTION _____

_____ Section 3 EVALUATING INSTRUCTION _____

_____ Section 4 CLASSROOM MANAGEMENT _____

_____ Section 5 DEMONSTRATES PROFESSIONALISM _____

SUMMARY/RECOMMENDATIONS:

Evaluator's Signature

Conference Date

Staff Member's Signature

Conference Date

(Signature indicates I have read and received a copy of this report. It does not imply agreement with the contents.)

DISTRIBUTION:

Comprehensive Evaluation for staff member in first three years:

Original: Personnel File Copy: Staff Member Copy: Evaluator

Comprehensive Evaluation for staff member in or beyond fourth consecutive year:

Original: Staff Member Copy: Evaluator

Annual Evaluation (after assignment change):

Original: Personnel File Copy: Staff Member Copy: Evaluator

SIoux FALLS SCHOOL DISTRICT 49-5
PROFESSIONAL STAFF
CLASSROOM EVALUATION FORM

NAME: _____

SCHOOL: _____

Classroom Description:

Grade, subject etc.: _____

Number of students: _____

Other relevant information: _____

CHECK ONE:

Staff member in first three years of employment
Comprehensive Evaluation - Observation (check one) #1 #2 #3

Staff member in or beyond fourth consecutive year of employment
Comprehensive Evaluation - Observation (check one) #1 #2

Staff member in or beyond fourth year with an assignment change
Annual Evaluation - Observation #1

Pre-Observation Date: _____ Observation Date: _____

- Rating Guide:
- H** - Demonstrates high level of mastery in this area
 - E** - Consistently demonstrates evidence in this area
 - A** - Attempts to address this area, but evidence was inconsistent
 - NE** - Demonstrates no evidence in this area
 - NA** - This area was not applicable to this observation

RATING: AREA OF EVALUATION

_____ Section 1 PLANNING FOR INSTRUCTION _____

_____ Section 2 IMPLEMENTING INSTRUCTION _____

_____ Section 3 EVALUATING INSTRUCTION _____

_____ Section 4 CLASSROOM MANAGEMENT _____

_____ Section 5 DEMONSTRATES PROFESSIONALISM _____

SUMMARY/RECOMMENDATIONS:

Evaluator's Signature

Conference Date

Staff Member's Signature

Conference Date

(Signature indicates I have read and received a copy of this report. It does not imply agreement with the contents.)

DISTRIBUTION:

Comprehensive Evaluation for staff member in first three years:

Original: Personnel File Copy: Staff Member Copy: Evaluator

Comprehensive Evaluation for staff member in or beyond fourth consecutive year:

Original: Staff Member Copy: Evaluator

Annual Evaluation (after assignment change):

Original: Personnel File Copy: Staff Member Copy: Evaluator

SIOUX FALLS SCHOOL DISTRICT 49-5
PROFESSIONAL STAFF
SUMMATIVE EVALUATION FORM

NAME: _____

SCHOOL: _____

- Check One: Staff member in first three years of employment
 Staff member in or beyond fourth consecutive year of employment

Observation Dates: Observation #1 _____
 Observation #2 _____
 Observation #3 _____(if applicable)

The following statements are based upon two/three observations and conferences during the current school year. Comments should include professional skill development based on the indicators of effectiveness for the appropriate staff assignment.

Staff recommended as follows:

First three years of employment:

- Recommended
- Recommended, with qualifications (Specify areas to improve in narrative)
- Not recommended

In or beyond fourth year of employment:

- Recommended
- Recommended, with qualifications (A Plan of Assistance to be developed for the _____ school year)
- Not recommended, following a Plan of Assistance

Evaluators Signature

Conference Date

Staff Member's Signature
(Signature indicates I have read and received a copy of this report. It does not imply agreement with the contents.)

Conference Date

DISTRIBUTION:

Original: Personnel File

Copy: Staff Member

Copy: Evaluator

PLAN OF ASSISTANCE

Date: _____

I. Background Information:

Teacher's Name: _____
Teaching Assignment: _____
School: _____

II. Statement of Deficiency: _____

III. General Statement for Plan of Assistance: _____

IV. Program to be Followed: _____

V. Assistance to be Offered: _____

VI. Monitoring the System: _____

The following staff will participate in the Plan of Assistance and may be furnished copies of this plan.

Name /Title

Name/Title

I have read and received a copy of the Plan of Assistance and have held a conference with the Principal to discuss the contents of the plan.

Staff Member

Date

Principal

Date

Distribution: Original - Personnel File
 Copy - Staff Member
 Copy - Evaluator