



Final Evaluation Report – (Administrator View) Teacher Evaluation 2014-2015

Name: Click here to enter text. **Location:** Click here to enter text. **Date:** Click here to enter text.
Employee ID: Click here to enter text. **Status:** Click here to enter text. **School/Section:** Click here to enter text.

Department(s)	Subject(s) Taught	Grade(s)
Click here to enter text.	<input type="checkbox"/> Algebra I <input type="checkbox"/> Physical Education <input type="checkbox"/> Algebra II <input type="checkbox"/> Science Gr 8 <input type="checkbox"/> Art <input type="checkbox"/> World History <input type="checkbox"/> Biology <input type="checkbox"/> World Language <input type="checkbox"/> Chemistry <input type="checkbox"/> Other History/Social Science <input type="checkbox"/> ELA <input type="checkbox"/> Other Literacy/Language Arts <input type="checkbox"/> Geometry <input type="checkbox"/> Other Science <input type="checkbox"/> Int Science I <input type="checkbox"/> Other _____ <input type="checkbox"/> Math <input type="checkbox"/> Physics	<input type="checkbox"/> EEC <input type="checkbox"/> K <input type="checkbox"/> 7 <input type="checkbox"/> 1 <input type="checkbox"/> 8 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/> 3 <input type="checkbox"/> 10 <input type="checkbox"/> 4 <input type="checkbox"/> 11 <input type="checkbox"/> 5 <input type="checkbox"/> 12 <input type="checkbox"/> 6 <input type="checkbox"/> Other:

Initial Planning Sheet Submitted Date: Click here to enter text.

Initial Planning Conference Date: Click here to enter text.

Observation Dates and Duration

Conference Dates



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Areas of Evaluation

1) Observation of Practice:

Focus Element	Observation Results		
	Ineffective	Developing	Effective
1a2: Knowledge of Content-Related Pedagogy			
1b1: Awareness of Students’ Skills, Knowledge, and Language Pedagogy			
1d1: Standards-Based Learning Activities			
1e2: Planning Assessment Criteria			
2a3: Classroom Climate			
2c1: Management of Routines, Procedures, and Transitions			
2d2: Monitoring and Responding to Student Behavior			
3a1: Communicating the Purpose of the Lesson			
3a4: Use of Academic Language			
3b1: Quality and Purpose of Questions			
3b2: Discussion Techniques and Student Participation			
3c1: Standards-Based Projects, Activities, and Assignments			
3c2: Purposeful and Productive Instructional Groups			
3d3: Feedback to Students			
5a2: Use of Reflection to Inform Future Instruction			

Administrator comments on formal, supplemental and informal growth plan observations:

2) Contributions to Student Outcomes:

The Contribution to Student Outcomes Measure evaluates an employee’s performance as it is reasonably related to support for student progress toward District standards and State standards for pupil achievement, as measured by State-adopted criterion-referenced student testing results. The Measure is evaluated against available student-progress data outlined in Section 1.3 of the [2012 LAUSD-UTLA Supplement to Article X](#).



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Data-Based Objective	
Data-Based Objective*	<i>What is the expected student performance outcome by the end of the instructional period?</i>
Teacher Growth Strategies*	<i>List the strategies that you will add to your classroom practice in order to achieve your objective.</i>

*Contractually required

Administrator comments (required):

3) Teacher Progress Toward Initial Planning Sheet Objectives

Comment on teacher's progress towards meeting Initial Planning Sheet Objectives.

Instructional Growth Objective:

Professional Growth Objective:

Administrator comments:

4) Additional Professional Responsibilities

	Attendance and Punctuality	Ineffective	Developing	Effective
1.	Arrives on time, starts class on schedule.			
2.	Regularly in attendance for the total contract day.			
3.	Attends all school meetings and staff development programs.			
Number of Days Absent:		Number of Times Tardy:		
Administrator Comments:				



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	Other Professional Responsibilities	Ineffective	Developing	Effective
4.	Provides supervision and control of students both within and outside classroom setting.			
5.	Engages families in the instructional program through participation in Open House, community and parent activities.			
6.	Communicates and interacts professionally with students, parents, colleagues, administrators, and staff.			
7.	Collaborates with colleagues to improve teaching and learning.			
8.	Engages in ethical conduct and complies with school, District and State rules, policies, and standards.			
9.	Reviews and evaluates the work of pupils.			
10.	Regularly prepares appropriate lesson plans.			
11.	Maintains accurate and timely records.			
12.	Assumes reasonable responsibility for the proper use and control of District property, equipment, material and supplies.			
Administrator Comments:				



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FINAL OVERALL RATING:

The Final Evaluation Rating is determined by the evaluator considering overall performance, progress toward Initial Planning Sheet objectives, observation of teacher, the performance of additional professional responsibilities, and the record of student progress and Contribution to Student Outcomes. The observation of teacher practice, performance objectives, and performance of additional professional responsibilities, together with the other factors indicated in Section 4.1 of Article X, are together to act as the primary factors in determining the Final Evaluation Rating.

	Below Standard Performance
	Meets Standard Performance

Administrator Comments on Overall Rating (required):

Commendations:

Recommendations:

Recommended Assistance:

To be evaluated 2015-2016 school year?: Yes No If no, extended to: Choose an item.

Evaluator Signature: _____

Evaluator Name: [Click here to enter text.](#)

Title: [Click here to enter text.](#)

Date: [Click here to enter text.](#)

Reviewing Administrator Signature:

Reviewing Administrator Name:
[Click here to enter text.](#)



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I have received a copy of this report, but my signature does not necessarily indicate my agreement. I understand that I may attach a written response to this form within ten working days from the date on which the report was received. This written response is to become a permanent part of the report and of my personnel service folder.

Employee Signature: _____

Date: _____