**OTHELLO SCHOOL DISTRICT**

**Teacher Summative Evaluation Tool**

Employee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Assignment:

Evaluator: Date: ­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TYPE OF EVALUATION: Annual Observation Date:

90 Day Observation Date:

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| --- | --- | --- |
| **Criteria** | **Definition** | **Score** |
| 1 | Centering Instruction on High Expectations for Student Achievement |  |
| 2 | Demonstrating Effective Teaching Practices |  |
| 3 | Recognizing Individual Student Learning Needs And Strategies and Developing Strategies to Address Those Needs |  |
| 4 | Providing Clear and Intentional Focus On Subject Matter, Content, and Curriculum |  |
| 5 | Fostering And Managing A Safe, Positive Learning Environment |  |
| 6 | Using Multiple Student Data Elements To Modify Instruction and Improve Student Learning |  |
| 7 | Communicating with Parents and School Community |  |
| 8 | Exhibiting Collaborative and Collegial Practices Focused on Improving Instructional Practice and Student Learning |  |
|  | **Overall Score Total** |  |

**Summative Scoring Range---Raw Score of 8 Criteria**

(1) Unsatisfactory 8--12.9

(2) Basic 13--20.9 Final Score

(3) Proficient 21--27.9

(4) Innovative 28--32

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| COMMENTS |

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| COMMENTS OF EMPLOYEE |

I have read the above evaluation summary. My signature does not necessarily indicate agreement.

Signature of Evaluator/Date Signature of Employee/Date

Evaluatee has the option to review for two working days before signing.