

| Teacher Performance Appraisal Year:   |        |
|---|--------|
| Teacher Name:<br>Teaching Assignment:<br>Date/Times of Observations(s):<br>Evaluator:   |        |
| Ratings Points for:         Performance         Professional Growth         Service   |        |
| General Sources of Information for all areas of Evaluation/Observation: preconference, observation professional meetings, professional development plan, goal sheets, student files, contact reports, feedback from parents and LEAs, post-evaluation conferences, etc. | ons,   |
| The scale used for this evaluation is 2 points "Exceeded Expectations"; 1 point is "Met Expectation 0 is for "Does Not Meet Expectations". The explanation of the criteria for each level is provided to Teachers each fall.  |        |
| I. Performance  | Points |
| 1. Instruction for the Visually Impaired Student  |        |
| A. Planning and preparation for class/activities  |        |
| 1) Develops well-defined written objectives for each subject taught.  |        |
| <ol> <li>Provides for unique needs of students (abilities, learning styles,<br/>handicaps, etc.).</li> </ol>  |        |
| 3) Provides organized plans for substitute teacher.   |        |
| 4) Uses time productively.  |        |

| 5) Maintains a positive and supportive attitude.   |      |
|--|------|
| B. Lesson Design   |      |
| 1) Applies principles of learning.   |      |
| 2) Makes clear, purposeful assignments.  |      |
| C. IEP Evaluation  |      |
| 1) Establishes appropriate record keeping to document student progress with goals.   |      |
| 2) Uses appropriate test instruments that effectively measure the student's attainment of learning goals.                        |      |
| 2. Classroom Management and Environment  |      |
| A. Provides class freedom while maintaining order.   |      |
| B. Promotes an attitude of mutual respect.   |      |
| C. Makes clear to students that learning will be evaluated.  |      |
| D. Demonstrates ability to use a variety of resources for achieving objectives.  |      |
| E. Reinforces special techniques and skills of blindness such as Braille,<br>Orientation and Mobility, Daily Living Skills, etc. |      |
| F. Determines effective communication skills according to the needs of the students.   |      |
| Performance Total Points   | /15= |
|  |      |

| II. Professional Growth and Development                               |  |
|---|--|
| 1. Continues efforts toward professional improvement such as classes, |  |
| conferences, workshops, etc.  |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
| 2. Maintains all required state and national certifications.          |  |
|   |  |
|   |  |

| 3. | Shares | and | seeks | knowledge | willingly. |
|----|--------|-----|-------|-----------|------------|
|----|--------|-----|-------|-----------|------------|

Professional Growth Total Points /3=

| III. Service to the School Community                     |     |
|--|-----|
| 1. Participates in committees for program improvement.   |     |
| 2. Attends to professional job-related responsibilities. |     |
| Service Total Points                                     | /2= |

# **Additional Comments / Considerations**

**Pre-Conference:** 

### **Classroom Observations:**

## Final Thoughts:

#### EDUCATOR GOALS AND PROFESSIONAL DEVELOPMENT PLAN

- \_\_\_\_\_ An annual Goals Sheet has been prepared by the educator, reviewed with the evaluator, and is attached to this evaluation.
- \_\_\_\_\_ An annual Professional Development Plan has been prepared by the educator, reviewed with the evaluator, and is attached to this evaluation.

#### **EVALUATOR'S RECOMMENDATION:**

- \_\_\_\_\_ Recommended for continued employment
- \_\_\_\_\_ Recommended for continued employment with qualifications
- \_\_\_\_\_ Not recommended for continued employment

If "recommended for continued employment with qualifications" is checked, the evaluator must state what assistance for improving deficiencies will be provided. If "not recommended for continued employment" is checked the evaluator must state what assistance for improving deficiencies has been provided and also provide notice in accordance to and compliance with all provisions of SDCVL 13-13-43-9.1 and the BOR/COHE contract.

#### EDUCATOR / EVALUATOR STATEMENTS:

| Educator   |          | Evaluator   |      |  |
|--|----------|---|------|--|
| I have read the contents of this evaluation<br>and understand my signature does not<br>necessarily indicate my agreement.<br>I have the right to attach my demurral<br>statement to this evaluation. |          | I have reviewed this evaluation with the<br>Teacher and attest that it indicates to the<br>best of my ability the performance of<br>Teacher named herein. |      |  |
| Teacher  | Date     | Evaluator   | Date |  |
| Demurral statement a   | attached |   |      |  |