

LAFAYETTE PARISH SCHOOL BOARD

EVALUATION _____ K - 12 and SPECIAL EDUCATION SELF EVALUATION _____

Years: 0-3 ____ 4+ _____

Evaluatee _____ School _____

Position _____ Grade/Subject _____

Evaluator _____ Position _____

Use one of the following codes in each blank below:

[SP (Successful Performance), NI (Needs Improvement), UP (Unsatisfactory Performance), NR (Not Related)]

* Rate special education teachers only -- IEP (Individual Education Plan), ITP (Individual Transition Plan), IFSP (Individual Family Service Plan).

A summary of Commendations/Recommendations must be written under the comments section. A narrative explanation of each NI or UP rating must be written under the comments section.

I. Planning

- _____ A. Plans effectively for instruction
- _____ B. Maintains appropriate lesson plans
- _____ C. Maintains complete and accurate records
- _____ D. Demonstrates evidence of a systematic and appropriate grading system
- _____ E. *Develops an IEP, ITP, and/or IFSP

Overall rating for Planning

II. Management

- _____ A. Maintains an environment conducive to learning
- _____ B. Maximizes amount of time available for instruction
- _____ C. Manages learned behavior to provide productive learner opportunities

Overall rating for Management

III. Instruction

- _____ A. Delivers instruction effectively
- _____ B. Presents appropriate content
- _____ C. Provides opportunities for student involvement in learning process
- _____ D. Assesses student progress
- _____ E. Provides evidence of student academic growth
- _____ F. Integrates technology into instruction

Overall rating for Instruction

IV. School and Community

- _____ A. Performs duties assigned by principal in a punctual and effective manner
- _____ B. Attends required meetings
- _____ C. Works effectively with school administrators, co-workers, and parents
- _____ D. Is familiar with and enforces parish and school policies
- _____ E. *Knows and adheres to federal, state, and local special education regulations
- _____ F. *Recommends the least restrictive environment

Overall rating for School and Community

V. Professional Growth Plan

- _____ A. Has collaboratively developed a Professional Growth Plan (s) with administrator
- _____ B. Effectively implements procedures to attain objectives in the Professional Growth Plan

Overall rating for Professional Growth Plan

VI. Non-Observation Year (Check indicates continued Satisfactory Performance)

- _____ A. Planning
- _____ B. Management
- _____ C. Instruction
- _____ D. School and Community

Overall rating for Non-Observation Year

Comments by Evaluator: _____

Commendations/Recommendations: _____

Overall Evaluation (check one):

Successful Performance Needs Improvement Unsatisfactory Performance

An analysis of this evaluation indicates an intensive assistance program is needed. Yes No

Signature of Evaluator _____ Title _____ Date _____

Comments by Evaluatee: _____

I have read and discussed the content of this evaluation form. My signature denotes neither agreement nor disagreement. It does indicate that I have received a copy of this form..

The self-evaluation must be on file.

Self-evaluation to be placed in official file: Yes No Or unofficial file in the principal's office: Yes No

Signature of Evaluatee _____ Date _____

If Self-Evaluation, initial of Principal/Supervisor/Evaluator to denote receipt of Self-Evaluation _____ Date: _____