

DANBURY PUBLIC SCHOOLS
Professional Development Growth Plan

Certified Staff Member _____

Tier: _____

Year: _____

Goal(s) _____

Student Learning Outcome(s) _____

Schools _____

Evaluator: _____

OBJECTIVE(S) - Relationship to goal(s) and intended student outcome(s).

ACTION STEPS - Setting, time frame, target dates, etc.

DATA COLLECTION - Student work, performance outcomes, etc.

PROFESSIONAL DEVELOPMENT - Seminars, workshops, etc.

RESOURCES NEEDED - Materials, collegial assistance, etc.

Certified Staff Member's Signature: _____

Date: _____

Evaluator's Signature: _____ Date: _____

OBSERVATION AND DATA COLLECTION

Name: _____
 General Observation _____
 Specific Observation to Observe: _____
Pre-Observation Communication Date: _____

Time: _____ Date: _____ Length of Observation: _____
Grade and Level of Class: _____

Specific Data Based on Connecticut's Common Core of Teaching: Foundational Skills and Competencies:

Signatures
Observer: _____ Date: _____
Evaluatee: _____ Date: _____
(Evaluatee's signature certifies only that the form has been read.)

**DANBURY PUBLIC SCHOOLS
OBSERVATION REPORT**

Based on the *Connecticut's Common Core of Teaching: Foundational Skills and Competencies*

Teacher's Name: _____ Date: _____
 Class Observed: _____ Beginning Time: _____ Ending Time: _____

<u>Planning, Instruction, Assessment</u>	Comments	
<input type="checkbox"/> Evidence of effective planning		
<input type="checkbox"/> Evidence of instructional opportunities that support academic/social development		
<input type="checkbox"/> Evidence of effective communication techniques that foster individual and collaborative inquiry		
<input type="checkbox"/> Evidence of a variety of instructional strategies to address the variety of student needs		
<input type="checkbox"/> Evidence of varied assessment techniques (formal/informal)		
<u>Classroom Management</u>		
<input type="checkbox"/> Uses instructional time effectively		
<input type="checkbox"/> Evidence of established rules		
<input type="checkbox"/> Evidence of student engagement in lesson		

Additional Comments or Commendations:

Teacher's Signature: _____ Evaluator's Signature _____
 Date: _____ Date: _____

(Evaluatee's signature certifies only that the form has been read.)

Evaluatee _____ School _____

Area of Responsibility _____ Year _____

Part I - Overall Performance Evaluation - Categories based on *Connecticut's Common Core of Teaching: Foundational Skills and Competencies* and respective job descriptions. Commendation areas shall be used to state performances beyond position expectations.

	Shows little or no evidence of meeting position expectations	Continued improvements needed to meet position expectations	Has met position expectations
II. Teachers Have Knowledge Of: Students Content Pedagogy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Commendations Beyond Expectations:		
Indicate in the appropriate columns the extent to which each behavior was demonstrated. If No Evidence is checked, state the reason on page 3 of this form.			
II. Teachers Apply This Knowledge By: Planning Instructing Assessing and Adjusting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Commendations Beyond Expectations:		
Indicate in the appropriate columns the extent in which each facet of knowledge was applied. If No Evidence is checked, state the reason on page 3 of this form.			

	Shows Little or no evidence of meeting position expectations.	Continued improvements needed to meet position expectations.	Has met position expectations.		
III. Teachers Demonstrate Professional Responsibility Through:					
Professional and Ethical Practice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Reflection and Continuous Learning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Leadership and Collaboration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Indicate in the appropriate column the extent to which each behavior was demonstrated. If No Evidence is checked, state the reason on Page 3 of this form.	Commendations Beyond Expectations:				
Part II - Evaluation of Specific Objectives:	Focus of Objectives (Use key words to indicate focus).	Was the Objective Achieved? Evaluatee Evaluator			
Indicate in the appropriate columns whether the objective was achieved. If No Progress is checked, state the reason on Page 3 of this form.		No Progress	<input type="checkbox"/>	No Progress	<input type="checkbox"/>
		In Progress	<input type="checkbox"/>	In Progress	<input type="checkbox"/>
		Achieved	<input type="checkbox"/>	Achieved	<input type="checkbox"/>
		No Progress	<input type="checkbox"/>	No Progress	<input type="checkbox"/>
		In Progress	<input type="checkbox"/>	In Progress	<input type="checkbox"/>
		Achieved	<input type="checkbox"/>	Achieved	<input type="checkbox"/>
Statement of Progress or Completion:					

EVALUATEE: _____

COMMENTS/SUMMARY

Part I - The evaluator is required to write a summary paragraph, which includes and identified area for professional growth and a suggested objective for the next school year. Further explanation is required for areas that are indicated as being above or below position expectations. In addition, comments may address areas not referred to in this form.

Part II - If an objective has not been attained, please explain.

COMMENTS OF EVALUATOR:

COMMENTS OF EVALUATEE: The evaluatee is required to complete a personal assessment of his/her performance for the year, i.e., strengths, objectives reached, areas for professional growth, etc. This space may also be used to respond to the evaluator's judgments.

Signatures

Evaluator: _____ Date: _____

Evaluatee: _____ Date: _____

(Signature certifies only that the form has been read.)

System Reviewer: _____

(Signature certifies only that the form has been read.)