



Educator Effectiveness Evaluation Administrative Forms



Guntersville City Schools Educator Effectiveness Observation Notes

Optional Form

Teacher Name _____

Administrator Completing Evaluation _____ Dates of Observation _____

Time of Observation _____ Subject / Situation / # of Students _____

Standards Observed and Notes

△ Classroom Management

△ Classroom Culture and Climate

△ Student Engagement

Notes

△ Content Knowledge

△ Planning

△ Effective Teaching Strategies

Notes

△ Formative Assessment

△ Real World / Relevance

△ Differentiated Instruction

Notes

Guntersville City Schools Educator Effectiveness Post Observation Form

Teacher Name _____ School Year _____ - _____ School _____

Standard Observed:		
List evidence of Teacher Strengths	List items of Concern(s)	Next Step(s)

Standard Observed:		
List evidence of Teacher Strengths	List items of Concern(s)	Next Step(s)

<p>Standards:</p> <p>Classroom Management - Classroom Culture and Climate - Student Engagement</p> <p>Content Knowledge - Planning Effective Teaching Strategies</p> <p>Formative Assessment - Real World / Relevance - Differentiated Instruction</p> <p>Professionalism - Professional Showcase</p>
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Guntersville City Schools Educator Effectiveness Evaluation Summary

Teacher Name _____

Administrator Completing Evaluation _____

Dates of Observations _____ Date of Completion _____

Please refer to indicator charts and score teacher performance in each of the areas of practice by placing an **X** in the column.

INDICATORS	Ineffective 1	Developing 2	Effective 3	Exemplary 4
Classroom Management				
Classroom Culture and Climate				
Student Engagement				
Content Knowledge				
Planning				
Effective Teaching Strategies				
Formative Assessment				
Real World / Relevance				
Differentiated Instruction				
Professionalism				
Professional Showcase				
Completion of Self Assessment , PLP & PLP Evidence				

To be completed and reviewed by supervising administrator with teacher.

Teacher Signature _____ Date _____ Administrator Signature _____ Date _____