

Teacher Assessment

A Process Guide for Evaluation



A Pilot Program
for Teacher Evaluation and Assessment
Sponsored by
Carolina Conference Office of Education
October 23, 2000

Designing and Assessing Your Own Professional Growth

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Designing and Assessing Your Own Professional Growth



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Office of Education, Carolina Conference of Seventh-day Adventist
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October 2000

Dear Educator:

Congratulations! You are about to embark on a new journey! This kind of journey will not always be painless, but it's rewards will be great. You will become a better professional with more confidence in what you do. This process is designed to help make you indispensable to education and give you more job security and opportunities!

We want to do all we can at the office to help facilitate you in this kind of journey. On the following pages is a guide to assist you with this process. YOU MAY VARY FROM THIS GUIDE BY FILLING OUT THE *Personalized Assessment Deviation Request Form* LOCATED ON PAGE 19.

Thank you for your willingness to grow and to stretch yourself to new limits! We are proud to have you as a part of the Carolina Conference Teaching Team where we work hard to provide the very finest in Adventist Education by keeping you on the cutting edge of SDA education.

With admiration and much cheering for you!

Pamela C. Forbes

INITIATION

First year / new teachers:

1. Develop a comfort level in your area study group by actively participating in every meeting.
2. Contact the Office of Education to request a peer Coach-mentor.
3. Set up a time to meet with your Coach-mentor to fill out the Coaching Form on the next page. (Number of times you meet is to be determined by collaboration with your Coach-mentor and Office of Education.)
4. Place each completed Coaching-mentor Form in your professional portfolio and send a copy to the Office of Education.

NOTE:

It is very helpful to keep a journal of reflection for your teaching journey. Some things to reflect about are:

1. What is going well.
 2. What isn't going as well as you'd like.
 3. How you feel about both of the above.
 4. What you plan to do to facilitate a change in making things even better!
-
5. Make or update your resume'. Make it look professional!

Peer Coaching-mentor Form

Level One (To be filled out by Coaching-mentor)

Name of Teacher _____

Date _____

Name of Coach-mentor _____

Time(s) Met this year: 1 2 3 4

Please use a separate page to fill out answers to the following questions:

1. What kinds of things are you doing in your classroom that is working well?
2. Tell at least one thing that you feel you are doing especially well with.
3. What areas are you unsure about or want more help / information with?
4. In what form would you like that help / information?
(A visit from the Office of Education, literature, help from a fellow teacher, etc.)
5. What do you plan to do differently next week? (Or quarter, semester, year, etc.)
6. Date of next meeting with Coach-mentor.
7. Other comments:

CYCLE ONE

1. Continue to actively participate in every meet with your area study group.
2. Identify professional portfolio level you are working on by checking the following areas:

Stage One

- Has a clearly stated professional mission statement.
- Includes a reflective essay about their hopes for the current school year.
- Set a general goal for the school year that will sharpen your teaching skills and/or add to your teaching repertoire.
- Once each month make a two-fold "taking stock" entry in your portfolio that includes:
 1. What progress has been made towards the goal?
 2. What other significant developments seems to be taking place in your teaching / school?
- Add anything that seems significant:
 1. examples of student work
 2. reports of research findings
 3. letters from parents
 4. news articles about the school
 5. assessment results
 6. observations, etc.
- At the end of the year add a final reflective entry. Some of the issues that might be included are:
 1. What has the year meant to you?
 2. To what extent were your hopes realized for your teaching skills?
 3. To what extent were your hopes realized for your students?
 4. To what extent was your goal accomplished?
 5. What images from the year's events seem most vivid?
 6. What metaphors best capture the essence of the year?
 7. etc.
- Send a copy of all of the above to the Office of Education.

Stage Two

In Addition to Level One, foster growth through a collaborative relationship with your study group by doing the following:

1. Set a developmental goal that meets the following criteria:
 - a) Is directly related to better student learning;
 - b) Represents an area of interest that you have;
 - c) Supports school and parent initiatives;
 - d) Is sufficiently comprehensive;
 - e) Is attainable, but challenging;
 - f) Is clearly and specifically stated.
2. Include documentation of each strategy used to accomplish the goal. Examples could include copies journal keeping, copy of unit for curriculum development, video tape, parent responses, student work / responses, etc.
3. An assessment by the teacher of the extent to which the goal was accomplished by answering the following questions:
 - What did the students learn, and to what extent did they learn it?
 - What evidence is there to support these conclusions?
 - What teacher factors facilitated the learning?
 - What factors other than the teacher facilitated the learning?
 - What factors seemed to impede learning?
4. Present your results to your study group for coaching. See Goals Coaching Form.
5. Prepare and present your professional growth evaluation plan for coaching and collaboration with your area study group. See Evaluation Coaching Form.
6. Send a copy of all of the above to the Office of Education.

NOTE:

It is very helpful to keep a journal of reflection for your teaching journey. Some things to reflect about are:

- What is going well.
- What isn't going as well as you'd like.
- How you feel about both of the above.
- What you plan to do to facilitate a change in making things even better!

Goals Coaching Form

(My be filled out alone or with a peer / study group.)

1. What was your goal?
2. What went well with your goal?
3. What did you do to facilitate that learning?
4. How did that help in the learning process?
5. Were there any students who had difficulty with the learning?
6. How do you know that students (did not have) or (had difficulty) with the learning?
7. What would you differently next time?
8. Why would you do it that way next time?

Portfolio Evaluation Coaching Form

(To be filled out by your area study group.)

1. What was your goal?

2. Was the goal a useful one?

3. Was keeping the portfolio a useful practice? Why or why not?

4. What factors accounted for success in achieving the goal?

5. What factors complicated your goal accomplishment?

6. What would you do over again and why?

7. What would you change?

8. And how would you change it and why?

9. Overall reactions / observations from the group:

CYCLE TWO

1. Update and polish the portfolio professional growth project from Level Two.
 2. Prepare an Evaluation Presentation to present to the Office of Education and any combination of the following groups:
 - a) School Board Members
 - b) Home & School Association
 - c) Church Constituency
 - d) Other*
- * Note: You may want to chose to have one or more of your study group members or colleagues present for support during your presentation. This may be especially helpful if you are including a new method(s) of teaching that may not be familiar to those you are presenting to. Having experienced colleagues present can add credibility to your presentation.
3. Consult the Evaluation Presentation List (see Appendices) to determine what type of information will be included in your presentation.
 4. Plan your Presentation. Be creative and innovative! Think outside the lines of a traditional presentation! Try to demonstrate with your audience some of the things that you do in the classroom!
 4. Coordinate a date for your presentation, arrangements for where you will give the presentation, and send invitations to those you wish to attend. Be sure to include the Office of Education. (This can be set to be done during the actual school day with the students in action if you wish!)
 5. Give your presentation!
 6. Put a copy of the official report written and sent to you from the Office of Education in your professional portfolio.
 7. E-mail to the Office of Education names, positions, and address of people and boards, etc, that you request to receive a copy of your report. The Office of Education will mail them out for you from our office.
 8. Celebrate!

CYCLE THREE

1. Work on your professional portfolio, making sure to include a section that will track your professional growth.
2. Using the Self-Assessment Rubric reflect on your teaching.
3. Write a synopsis of your strengths and how you are using them in your present job assignment as outlined in the rubric.
4. Update and add new items to your professional repertoire by delineating your goals as outlined in the rubric.
5. Share a copy with your study group.
6. Send a copy to the Office of Education
7. Update your resume. Make it look professional!

Bibliography

Danielson, Charlotte & McGreal, Thomas; *Teacher Evaluation To Enhance Professional Practice*, ASCD, 2000 (1-800-933-2723 e-mail: <http://www.ascd.org>)

Glatthorn, Allen A.; *The Teacher's Portfolio: Fostering and documenting Professional Development*; Pro>Active Publications, Rockport, Mass; 1996

Carolina Conference Office of Education; *Teacher Evaluation Survey*; Charlotte, NC

[REDACTED]

Evaluation Presentation List:

Information your presentation should include:

1. A communication of a general sense of what it like in your classroom for the students including those students who have special challenges.
2. What it like for the parents of your students to have you teaching their children.
3. What you are doing to help each student learn at an appropriate rate for them.
4. What you are doing to continue to grow professionally and how it is affecting your students.
5. A synopsis of your strengths and how they are being used in your present assignment.
6. Professional goals including the time frame, and how you intend to accomplish your goals.
7. Include an update on the progress of past professional goals indicating if they were accomplished, how it has helped, or if it was not accomplished and why it was dropped.
8. What is instruction like in your classroom? Include the following information:
 - a) Methods/Strategies
 - b) Indicators of Progress
 - c) Resources/Support Used
 - d) Planning and Preparation
9. Feedback collected at the teacher's discretion: (Very Highly Encouraged!)
 - Parent Survey. See Appendices.
 - Student Survey. See Appendices.
 - Principal / Administrator Survey: (If applicable.) See Appendices.
 - * Teaching Staff
 - * School Board
 - Coaching in a particular area for growth
 - Comments from the conference on a particular area

NOTE: The conference will provide, in writing, documentation of the evaluation presentation process. A copy is placed in your files at the office and the teacher may chose an additional one or all of the following: (The conference would present the documentation for you.)

- A copy in your portfolio
- A copy presented to your school board
- A copy presented to your parents
- A copy presented to your peers
- A copy presented to anyone lese you request

STUDENT SURVEY



| Check the Appropriate Box | Always | Usually | Sometimes |
|--|--------|---------|-----------|
| 1. The teacher is polite to you. | | | |
| 2. The teacher treats the students fairly. | | | |
| 3. The teacher is honest. | | | |
| 4. The teacher uses different ways to teach classes. | | | |
| 5. The teacher likes or appreciates your work. | | | |
| 6. Your teacher is patient and understanding. | | | |
| 7. Your teacher keep his/her temper under control. | | | |
| 8. Your teacher listen to you when you need to talk. | | | |
| 9. Your teacher likes you. | | | |
| 10. Your teacher admits when he/she has made a mistake. | | | |
| 11. Your teacher makes the classroom feel safe / comfortable. | | | |
| 12. Your teacher gives meaningful assignments. | | | |
| 13. Your teacher is a good sport. | | | |
| 14. Your teacher has a sense of humor. | | | |
| 15. You can ask your teacher questions in a respectful manner. | | | |
| 16. I can get help I need from my teacher or my classmates. | | | |

Parent Survey Form-

TEACHER

(Name)

(Date)

*The purpose of this questionnaire is to assist the teacher of your child(ren) and the Office of Education in learning your feelings about the effectiveness of the educational environment for your child. We would like to learn more about what you appreciate and like about the school program and your teacher. If you should have a concern, please be sure to share that information so that we can facilitate a resolution. Your feelings and perspectives are very important to your teacher and the Office of Education. We are anxious to provide your child with the best possible education for his or her individual need. It is imperative that the parents, teacher and Office of Education work together to ensure quality education for your child. **Return this questionnaire to your teacher within the next two days.** Thank you for your honest and open support.*

Please read each item carefully. Circle the item which most clearly represents your response. Cross out any question for which you feel a lack of sufficient information in order to answer.

Teacher being surveyed: _____

Evaluation Presentation Date: _____

1. I can communicate freely with the teacher about my child.

1. Yes 2. Sometimes 3. No

2. I can discuss any of my child's concerns with the teacher.

1. Yes 2. Sometimes 3. No

3. The teacher is meeting my child's needs.

1. Yes 2. Sometimes 3. No

4. I feel the teacher is concerned about my child as an individual.
1. Yes 2. Sometimes 3. No
5. I feel the teacher has helped my child in his/her spiritual growth.
1. Yes 2. Sometimes 3. No
6. I feel the teacher upholds and models the principles of the church for my child.
1. Yes 2. Sometimes 3. No
7. I feel my child is receiving the necessary help with his/her assignments during the school day.
1. Yes 2. Sometimes 3. No
8. My child is receiving corrected assignments on a consistent basis.
1. Yes 2. Sometimes 3. No
9. I feel my child's learning experiences are appropriately challenging.
1. Yes 2. Sometimes 3. No
10. Reports from the teacher concerning my child's progress are adequate.
1. Yes 2. Sometimes 3. No
11. I feel my child is learning the basic skills.
1. Yes 2. No
12. I feel my child is provided with meaningful physical educational activities.
1. Yes 2. No

13. Expectations for student behavior are clear to my child.

1. Yes 2. Sometimes 3. No

14. What do you and/or your child **particularly like** about the school program?

15. What specific **recommendation** would you give the teacher to make the program more effective for your child? Please respond to all previous "no" questions.

16. Have you discussed with your child's teacher any concerns you have?

YES

I have no concerns

NO; I will talk with the teacher right away.

NO; I need the Office of Education to facilitate a resolution between the teacher and me.

Thank you for the time and interest in responding to the above questions. We want your child to experience a positive learning environment.

Please include your name on this survey if you want positive changes for your child and a resolution for your concern(s).

SCHOOL BOARD SURVEY FORM - PRINCIPAL

The purpose of this questionnaire is to assist the Office of Education in learning more about the attitudes of the school board members towards their principal. Your principal is being formally evaluated and this information will greatly assist in this important assessment. It is our desire, by using the responses, to assist the principal in realizing how he is being perceived by the school board members. The answers will be confidential and will be used to strengthen the principal's professional effectiveness. Return this questionnaire in the enclosed self addressed envelope within the next two days.

Please read each item carefully. Select the response which most clearly represent your feelings, and circle the number immediately to the right of the response selected. Cross out the question which you feel that you need additional information or time in order to give a response.

Principal: _____

Evaluation Presentation Date: _____

1. Are you able to freely communicate with your principal?

1. Yes 2. Sometimes 3. No

2. Does your principal keep the school board updated in regards to the latest school issues?

1. Yes 2. Sometimes 3. No

3. Does your principal support school board's actions?

1. Yes 2. Sometimes 3. No

4. Does your principal have the proper material available for the school board meetings?

1. Yes 2. Sometimes 3. No

5. Does your principal listen to your concerns?
1. Yes 2. Sometimes 3. No
6. Do you feel you can trust the principal?
1. Yes 2. Sometimes 3. No
7. Does your principal handle school issues professionally?
1. Yes 2. Sometimes 3. No
8. Do you feel the principal uses good judgement?
1. Yes 2. Sometimes 3. No
9. Does the principal take pride in your school?
1. Yes 2. Sometimes 3. No
10. Do you perceive a positive relationship between the principal and the teachers?
1. Yes 2. Sometimes 3. No
11. What is the principal's greatest attribute which you particularly appreciate?
-
-
-
12. What area would you like to see the principal strengthen?
-
-
13. Is there anything you feel you can contribute to make the school run better? Be specific.
-
-
-

TEACHING STAFF SURVEY FORM - PRINCIPAL

The purpose of this questionnaire is to assist the Office of Education in learning more about the attitudes of the teachers about their principal. Your principal is being formally evaluated and this information will greatly assist in this important assessment. It is our desire, by using the responses, to assist the principal in realizing how he is being perceived by the teachers. The answers will be confidential and will be used to strengthen the principal's professional effectiveness. Return this questionnaire in the enclosed self-addressed envelope within the next two days.

Please read each item carefully. Select the response which most clearly represent your feelings, and circle the number immediately to the right of the response selected. Cross out the question which you feel that you need additional information or time in order to give a response.

Principal: _____

Evaluation Presentation Date: _____

1. Are you able to freely communicate with your principal?

1. Yes 2. Sometimes 3. No

2. Does your principal keep you updated in regards to the latest school board decisions?

1. Yes 2. Sometimes 3. No

3. Does your principal support you professionally?

1. Yes 2. Sometimes 3. No

4. Does your principal support you emotionally?

1. Yes 2. Sometimes 3. No

5. Does your principal give you professional assistance upon request?
1. Yes 2. Sometimes 3. No
6. Do you feel you can trust your principal?
1. Yes 2. Sometimes 3. No
7. Does your principal have planned staff meetings?
1. Yes 2. Sometimes 3. No
8. Are the staff meeting relevant to the teachers'/school's needs?
1. Yes 2. Sometimes 3. No
9. Does your principal take pride in the school?
1. Yes 2. Sometimes 3. No
10. Do you perceive a positive principal/student relationship?
1. Yes 2. Sometimes 3. No
11. What is the principal's greatest attribute which you particularly appreciate?

12. What area would you like to see your principal strengthen?

13. Is there anything you feel you can contribute to make the school run better? Be specific.

Personalized Assessment

Deviation Request Form

Name: _____

Date: _____

Which cycle is closest to what you wish to do? Cycle One Cycle Two Cycle Three

List the items that are the same:

Describe below or on an attachment the deviations that you wish to make and your rationale for each deviation:

Office of Education: ___ Approved ___ Need more information (See notations)

Date _____ Associate's / Superintendent's signature: _____