

TEACHER EVALUATION REPORT TO THE SUPERINTENDENT

EXPERIENCED TEACHERS NEW TO THE DIVISION

SCHOOL							
TEACHER			_				
GRADE(S) TAUGHT	SUBJ TAUG	-	S _				
 COMPONENTS OF EVALUATION: Rate each of the categories below with a √ using the following guide. <u>Descriptors</u> Distinguished – exceeds position requirements in field of professional teaching. Proficient – meets position requirements for professional teaching. Unsatisfactory – not acceptable. Performance needs upgrading. N/A – does not apply 							
DOMAIN 1: PLANNING AND PREPARATION		U	Р	D	N/A	1	
1a Knowledge of Subject Matter and Resources	1a			1			
1b Knowledge of Students	1b						
1c Selecting Instructional Goals	1c					-	
1d Designing Effective Instruction	1d					J	
COMMENTS:							

DOMAIN 2: THE EDUCATIONAL ENVIRONMENT

- 2a Creating an Environment of Respect and Rapport
- 2b Establishing a Culture for Learning
- 2c Managing Classroom Procedures
- 2d Managing Student Behaviour
- 2e Organization

COMMENTS:



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DOMAIN 3: INSTRUCTION

- 3a Communication with Students
- 3b Using Questions and Discussion Techniques
- 3c Engaging Students in Learning
- 3d Demonstrating Flexibility and Responsiveness

	U	Ρ	D	N/A
3a				
3b				
3c				
3d				

COMMENTS:

COMMENTS:

DOMAIN 4: ASSESSMENT

4a Designing and Managing

4b Interpreting and Applying

	U	Ρ	D	N/A
4a				
4b				

DOMAIN 5: PROFESSIONAL RESPONSIBILITIES

- 5a Reflections on Teaching
- 5b Professional Growth and Development
- 5c Professional Communication
- 5d Professional Responsibilities

	U	Ρ	D	N/A
5a				
5b				
5c 5d				
5d				

COMMENTS:	
OVERALL RATING:	 Satisfactory Unsatisfactory

From my observations of the work of this teacher based on classroom visits and other contacts, I have formed the judgement checked below:

- 1. Recommended for permanent staff
- 2. Recommended for release for following reasons:



EVALUATOR'S COMMENTS:

Items checked "distinguished" or "unsatisfactory" require comments. If space is insufficient, please attach additional pages as needed.

TEACHER'S PROFESSIONAL DEVELOPMENT GOAL(S):

CLASSROOM OBSERVATIONS:

Listing of dates **and** name of evaluator for formal classroom observations:

Date	Name of Evaluator	Date	Name of Evaluator	Date	Name of Evaluator

DATE

SIGNATURE(S) OF EVALUATOR(S)

TEACHER'S COMMENTS:

This confirms that I have had the time and opportunity to discuss this report with the evaluator and to attach my comments.

DATE

SIGNATURE-OF TEACHER

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