

CECIL COUNTY PUBLIC SCHOOLS

CLASSROOM TEACHER SUMMATIVE EVALUATION FORM

<input type="checkbox"/>	Tenured
<input type="checkbox"/>	Non-Tenured

Teacher:	Date:
School:	Grade/Content:

Based on the following observations:

<input type="checkbox"/>	Formal Announced	<input type="checkbox"/>	Informal
<input type="checkbox"/>	Formal Unannounced	<input type="checkbox"/>	Narrative

	Highly Effective	Effective	Needs Improvement	Ineffective
1. Planning and Preparation	10	8	6	4
2. Instructional Strategies	20	16	12	8
3. Managing the Classroom/Learning Environment	10	8	6	4
4. Related Professional Responsibilities	10	8	6	4
Professional Practices Subscore	TOTAL	>45	36-44	<36
ONLY--First semester, first year non tenured	>45	36-44	30-35	<30

Comments:

5. STUDENT ACHIEVEMENT	HE	E	NI	InE
Academic Index	20	19	18	17
Student Learning Objective #1	15	12	9	7.5
Student Learning Objective #2	15	12	9	7.5
Student Achievement Subscore	TOTAL	≥45	36-44.5	<36

Comments:

Domains 1 - 4: Summary Evaluation				
Domain 5: Summary Evaluation				

Final Evaluation	HE	E		InE
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Comments:

DISTRIBUTION:
1-Teacher
2-Principal

Evaluator's Signature Title

Evaluator's Signature Title

Teacher's Signature* Date Conference Held

*Indicates copy has been received; does not necessarily indicate agreement with observation. The teacher may choose to submit a Teacher Comment Form in accordance with the Teacher Evaluation Handbook.