

## **Formative Observation Forms**

Formative observations shall be ongoing throughout the school year, providing the basis for summative evaluations.

- A formative observation(s) in the classroom shall be completed for each teacher.
- An opportunity for a conference shall follow each formative observation.
- A written record shall be made of each formative observation with a copy to the observed.

Two recommended formative observation forms are provided in this document.

**PRESCOTT UNIFIED SCHOOL DISTRICT  
FORMATIVE EVALUATION**

Teacher \_\_\_\_\_ Date \_\_\_\_\_

Grade/Subject \_\_\_\_\_ In \_\_\_\_\_ Out \_\_\_\_\_

| <b>INSTRUCTION:</b>                                     | <b>YES</b> | <b>NO</b> | <b>*N/O</b> |   | <b>YES</b> | <b>NO</b> | <b>*N/O</b> |
|---|------------|-----------|-------------|---|------------|-----------|-------------|
| A. Ensures student time on task                         |            |           |             | E. Monitors student progress and adjusts teaching as needed   |            |           |             |
| B. Communicates the objective and purpose of the lesson |            |           |             | F. Communicates assessment criteria to students   |            |           |             |
| C. Communicates directions and procedures of the lesson |            |           |             | G. Provides a variety of relevant activities to ensure student participation and enrichment of curriculum |            |           |             |
| D. Uses effective questioning techniques                |            |           |             | H. Provides for a summary of key points of the lesson   |            |           |             |

\*N/O — Not observed

**POST-CONFERENCE REQUIRED?**

Yes  No

A. Positive Teacher Behaviors

B. Recommendations

\_\_\_\_\_  
Evaluator Initial:

\_\_\_\_\_  
Teacher Initial:

\_\_\_\_\_  
Date:

Copy: Teacher/Principal/File

**Board Approved: 4/04**

**PRESCOTT UNIFIED SCHOOL DISTRICT**  
**FORMATIVE EVALUATION**  
(Narrative)

Teacher \_\_\_\_\_ Date \_\_\_\_\_

Grade/Subject \_\_\_\_\_ In \_\_\_\_\_ Out \_\_\_\_\_

**OBSERVATIONS**

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**POST-CONFERENCE REQUIRED?**       Yes       No

A. Positive Teacher Behaviors

B. Recommendations

\_\_\_\_\_  
Evaluator Initial

\_\_\_\_\_  
Teacher Initial

\_\_\_\_\_  
Date

Copy: Teacher/Principal/File

*Board Approved: 4/04*

## **Summative Evaluation Forms**

Summative evaluations shall be based on compiled documented criteria. There are two forms provided for summative evaluations.

### **Teacher Performance Summative Evaluation Form**

- This checklist format focuses on the four domains of teaching from the book Enhancing Professional Practice: A Framework for Teaching from the Association for Supervision and Curriculum Development (ASCD).<sup>1</sup>
- It is used for all classroom teachers *unless a collaborative decision is made* between the administrator and the instructionally proficient staff member to use the Professional Development Summative Evaluation form.

### **Ratings**

**Proficient:** competently fulfills assignments, general level of performance substantially met or exceeded. Demonstrates the ability to get good results. *This is the standard for Prescott Unified School District certificated employees.*

**Area of growth/improvement:** adequate results in general, but has the capacity to reach full competent performance or better, with reasonable effort within reasonable time. This category should be used to suggest areas of growth/improvement. If three or more components are marked in this area, inadequate classroom performance is indicated and an Improvement Plan must be completed.

**Unsatisfactory:** inadequate performance. An Improvement Plan must be completed for each component marked in this area.

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<sup>1</sup> Danielson, Charlotte. Enhancing Professional Practice: A Framework for Teaching. ASCD, 1996

## **Professional Development Plan/Summative Evaluation**

This format emphasizes goal setting, which can be used as the summative evaluation or part of an Improvement Plan.

### **Summative Evaluation**

- Shall be used for certificated non-instructional personnel **or** a collaborative endeavor between the administrator and the instructionally proficient teacher.
- Collaborative goals will be set by the end of first quarter. Use of the ASCD<sup>1</sup> book is recommended for goal suggestions.
- The summative conference will be completed by the end of the school year.

### **Improvement Plan**

- On the Teacher Performance Summative Evaluation, when three (3) components on the column named *area of growth/improvement* are marked or one (1) component on the column named *unsatisfactory* is marked, this form will be used to address classroom inadequacies.
- The administrator and the certificated staff member will agree upon an acceptable Improvement Plan.

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<sup>1</sup> Danielson, Charlotte. Enhancing Professional Practice: A Framework for Teaching. ASCD, 1996

**PRESCOTT UNIFIED SCHOOL DISTRICT  
TEACHER PERFORMANCE SUMMATIVE EVALUATION**

Teacher \_\_\_\_\_ Date of Evaluation \_\_\_\_\_

School \_\_\_\_\_ Assignment \_\_\_\_\_

Evaluator \_\_\_\_\_ Type:  Semi-Annual  Annual  Unscheduled

|             |  | PROFICIENT | AREA OF GROWTH | UNSATISFACTORY | NOT OBSERVED |    |  | PROFICIENT | AREA OF GROWTH | UNSATISFACTORY | NOT OBSERVED |
|-------------|--|------------|----------------|----------------|--------------|----|--|------------|----------------|----------------|--------------|
| <b>I.</b>   | <b>PLANNING AND PREPARATION</b>  |            |                |                |              |    |  |            |                |                |              |
| A.          | Develops appropriate objectives for the lesson   |            |                |                |              | E. | Develops a plan and method for evaluating the student work congruent with instructional goals          |            |                |                |              |
| B.          | Demonstrates command of subject matter   |            |                |                |              | F. | Analyzes and uses student performance data   |            |                |                |              |
| C.          | Prepares lesson plans aligned to Arizona Academic Standards and/or district curriculum       |            |                |                |              |    |  |            |                |                |              |
| D.          | Selects instructional goals suitable for diverse students                                    |            |                |                |              |    |  |            |                |                |              |
|             |  |            |                |                |              |    |  |            |                |                |              |
| <b>II.</b>  | <b>CLASSROOM ENVIRONMENT</b>   |            |                |                |              |    |  |            |                |                |              |
| A.          | Creates and maintains positive, supportive climate where individual contributions are valued |            |                |                |              | C. | Manages student behavior effectively and in a positive, constructive manner                            |            |                |                |              |
| B.          | Organizes and manages classroom procedures effectively                                       |            |                |                |              | D. | Arranges the physical environment within their control to complement the learning atmosphere           |            |                |                |              |
|             |  |            |                |                |              |    |  |            |                |                |              |
| <b>III.</b> | <b>INSTRUCTION</b>   |            |                |                |              |    |  |            |                |                |              |
| A.          | Ensures student time on task   |            |                |                |              | E. | Monitors student progress and adjusts teaching as needed   |            |                |                |              |
| B.          | Communicates the objective and purpose of the lesson   |            |                |                |              | F. | Communicates assessment criteria to students   |            |                |                |              |
| C.          | Communicates directions and procedures of the lesson   |            |                |                |              | G. | Provides a variety of relevant activities to ensure student participation and enrichment of curriculum |            |                |                |              |
| D.          | Uses effective questioning techniques  |            |                |                |              | H. | Provides for a summary of key points of the lesson   |            |                |                |              |
|             |  |            |                |                |              |    |  |            |                |                |              |
| <b>IV.</b>  | <b>PROFESSIONAL RESPONSIBILITIES</b>   |            |                |                |              |    |  |            |                |                |              |
| A.          | Maintains accurate student records   |            |                |                |              | C. | Communicates professionally with parents   |            |                |                |              |
| B.          | Demonstrates a willingness to keep curriculum and instructional practices current            |            |                |                |              | D. | Communicates professionally with co-workers  |            |                |                |              |

**PRESCOTT UNIFIED SCHOOL DISTRICT  
TEACHER PERFORMANCE SUMMATIVE EVALUATION**

**EMPLOYEE STRENGTHS/GOALS:**

**COMMENTS:**

I HAVE READ THE CONTENT OF THIS EVALUATION REPORT AND HAVE RECEIVED A COPY.

\_\_\_\_\_  
TEACHER'S SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PRINCIPAL'S SIGNATURE

\_\_\_\_\_  
QUALIFIED EVALUATOR'S SIGNATURE

\_\_\_\_\_ Teacher prepared comments received within 10 days following conference are attached.

This form, with any teacher provided comments, is to be executed in triplicate with original copy to personnel files, one copy to the school principal, and one copy to the teacher.

Page Two

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**PRESCOTT UNIFIED SCHOOL DISTRICT  
TEACHER PROFESSIONAL DEVELOPMENT PLAN/SUMMATIVE EVALUATION**

Name \_\_\_\_\_ School \_\_\_\_\_

This evaluation is used as:       SUMMATIVE       IMPROVEMENT PLAN

Use the spaces below to write your mutually agreed upon professional goals and action steps. Upon completion, this form will be placed in your personnel file no later than the last day of school.

GOAL: \_\_\_\_\_

| STEPS: | Target Date | Date Completed |
|--------|-------------|----------------|
| _____  | _____       | _____          |
| _____  | _____       | _____          |
| _____  | _____       | _____          |

Monitoring Data:

| Dates Observed/Met | Evidence of Progress/Comments |
|--------------------|-------------------------------|
| _____              | _____                         |
| _____              | _____                         |
| _____              | _____                         |
| _____              | _____                         |

Goal Completion:     Completed     In Progress     Not Completed (Unsatisfactory)  
\_\_\_\_\_ Date

GOAL: \_\_\_\_\_

| STEPS: | Target Date | Date Completed |
|--------|-------------|----------------|
| _____  | _____       | _____          |
| _____  | _____       | _____          |
| _____  | _____       | _____          |

Monitoring Data:

| Dates Observed/Met | Evidence of Progress/Comments |
|--------------------|-------------------------------|
| _____              | _____                         |
| _____              | _____                         |
| _____              | _____                         |
| _____              | _____                         |

Goal Completion:     Completed     In Progress     Not Completed (Unsatisfactory)  
\_\_\_\_\_ Date

Teacher's Signature \_\_\_\_\_ Date \_\_\_\_\_

Principal's Signature \_\_\_\_\_ Date \_\_\_\_\_

Qualified Evaluator Signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Teacher prepared comments received within 10 days following conference are attached. This form, with any teacher provided comments, is to be executed in triplicate with original copy to personnel files, one copy to the school principal, and one copy to the teacher.