



Garden City Public Schools

RISE: Research-based
Inclusive
System of
Evaluation



Garden City, Michigan

Occupational Therapist/Physical Therapist/Nurse Evaluation Handbook

2011-2012

Prepared by Keith Anleitner, Director of Evaluation

Acknowledgements

Michigan first passed new evaluation legislation in January of 2011, which required districts to implement a performance-based teacher evaluation process. At that time, guidelines and procedures were developed. A committee comprised of teachers and administrators met to develop the new evaluation tool. Many meetings later, after hours of deliberation, a preliminary document was produced. That document contains the overall structure of four quartiles of components of evaluation. The first three quartiles, with the exception of one sub point in the Classroom Management Domain were developed by the committee. The Department of Curriculum gratefully acknowledges the work of the Performance-Based Teacher Evaluation Committee members for their work on the specified aforementioned portions:

Keith Anleitner, Associate Principal @ Garden City High School
Jan Blumberg, Principal @ Memorial 1/2 Campus
Mary Brammer, ELA Teacher @ Garden City High School
Mary Coffey, Special Education Teacher @ Farmington 5/6 Campus
Karen Hawes, Special Education Teacher @ Burger School for Students with Autism
Alex McNeece, Principal @ Lathers Prek-Kindergarten Campus
Ron Pummill, Physical Education Teacher @ Garden City Middle School
Lynn Sossi, Assistant Principal @ Burger School for Students with Autism
Joe Valdivia, Assistant Principal @ Burger School for Students with Autism

Michelle Cline, Superintendent of Garden City Public Schools

In July of 2011, new, paradigm shifting legislation on evaluation and tenure was signed into law on the 19th day of that month by Governor Snyder. Due to the imminent opening and operation of school year constraints, one sub point in the Classroom Management Domain and the student growth plans, and individualized ancillary staff standards were adopted. While administration did keep creative ideas from the first committee, changes were made based on the new legislation and a collection of ideas from multiple sources. The Curriculum Department in cooperation with building, central office and executive administration, coupled with feedback from teachers, inclusive research from Charlotte Danielson's evaluation models, and other evaluation instruments across the United States influenced the crafting of this system of evaluation.

In short, Garden City Public Schools adopt this draft of RISE standards which effectively captures the complexity of teaching and learning through research-based best practices.

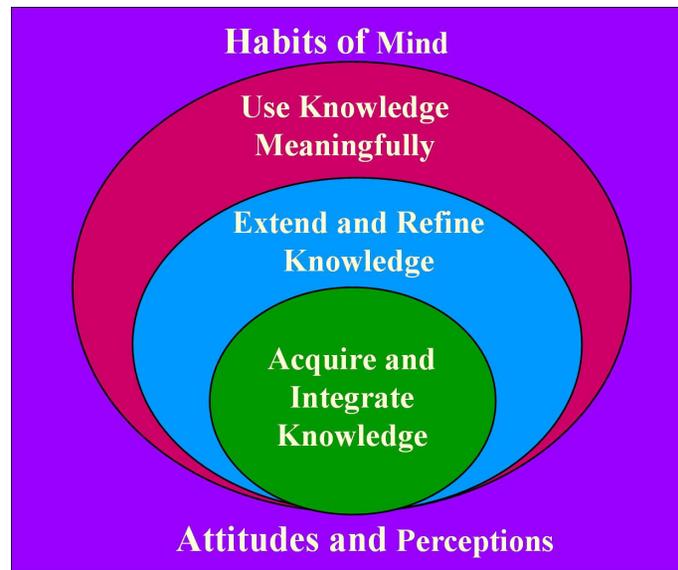
Garden City Standards of Effective Teaching

In Garden City Public Schools, effective Prek-12 teachers are professional educators who hold high expectations for all students and the belief that effort creates ability. They know their students, content and the curriculum thoroughly and have a broad repertoire of content-specific, culturally responsive strategies and activities to use with students to meet rigorous learning goals. They are flexible given their students' learning needs and the dynamics of the classroom and use formative assessment to adapt instruction to maximize learning opportunities for all students. Effective teachers have established rituals and routines that foster a safe learning environment where effort is privileged allowing students to fully engage in instructional activities ask questions and take part in class discussions. Effective teachers continuously work to improve their practice and knowledge of students, while acting as a resource for others in their professional learning community.

Our mission is to grow and develop our students by continuously advancing the professional practice of our teachers. With that in mind, Garden City Public Schools adopt this draft of RISE standards which effectively captures the complexity of teaching and learning through research-based best practices.

Dimensions of Learning model, or framework, are five basic assumptions:

1. Instruction must reflect the best of what we know about how learning occurs.
2. Learning involves a complex system of interactive processes that include various types of thinking- represented by the five dimensions below.
3. Curriculum programs should include the explicit teaching of attitudes, perceptions and mental habits that facilitate learning.
4. A comprehensive approach to instruction includes both teacher directed and student directed instruction.
5. Assessment should focus on students' *use* of knowledge and complex reasoning processes rather than on their recall of information.



Dimensions of Learning Model

**Evaluation Calendar
Process Timeline**

**PROCESS GUIDED
DATE**

- | | |
|---|---|
| 1. Identification of administrator to teachers for evaluation. | October 31, 2011 |
| 2. Teacher will complete a Self-Evaluation Form.
Performance goal setting or IDP goals sheet submitted. | October 31, 2011 |
| 3. Administrator can make class observations.
One observation will be scheduled at a mutually agreed upon time. | Anytime |
| 4. A mutual planning conference will take place.
Performance goals or IDP authorized. | After Self-Eval.
by December 7 |
| 5. Progress exchange is encouraged between evaluator and person being evaluated. This can be verbal or written. Classroom observations are carried out as requested or needed.
(Administrative Prerogative)
After observation, oral or written feedback will be given within 5 business days. | No time limit |
| 6. Evaluation conference will take place.
Evaluation should not be written before the conference but can be developed in the conference. Administration may choose to do more than one evaluation. | May 20 |
| 7. A summary written evaluation will be sent to the personnel department. The teacher has the right to appeal the evaluation to the Superintendent. The Superintendent has 20 days to respond back. | June 5 |

(REPEAT PROCESS from #5 and downward if doing more than one written evaluation. Will need to set up intervals of time between the previous one to do more than 2 or 3.

GARDEN CITY PUBLIC SCHOOLS OVERVIEW OF TEACHER EVALUATION PROGRAM

PLAN I

All Teachers Evaluated At Least Annually

All Teachers are required to be rated as 1 of the 4 levels: “Highly Effective, Effective, Minimally Effective, or Ineffective”.
(Only “Highly Effective” Teachers after 3 Annual “Highly Effective” ratings,
may then have Bi-Annual Evaluations.)

SELF-EVALUATION

(September/October submitted by teacher)

Components of Evaluation form with **circled rubrics** on the 4 rating levels.

INITIAL MEETING

(As soon as possible)

2-3 Performance Goals with at least One (1) goal specified as Best Practices and/or Learning Focus for Tenured teachers and IDPs for **Probationary** teachers.

OBSERVATION(S) (LENGTH OF TIME UNSPECIFIED)-1 Observation w/ Notification

No less than One (1), but as many as possible per year, unless teacher rated “Minimally Effective” or “Ineffective” on two most recent annual year-end evaluations, then multiple required (three or more).

FEEDBACK

Oral or written feedback within 5 working days of observation.

INDIVIDUALIZED DEVELOPMENT PLAN (IDP)

For **all Probationary teachers** and teachers rated Minimally Effective or Ineffective from previous year.

EVALUATION MEETING

2-5 Student Achievement/Growth submitted, discussed, and then deemed as acceptable by administration for rating. Pupils with 15% or more absenteeism for “entire day” of the “school year” may be exempted from growth portion of evaluation.

TEACHER EVALUATION FORM (AT Least ONE, as many as Preferred)

Administration completes Evaluation form using Components including 3-5 Student Achievement/Growth Indicators and completion of 2-3 Performance Goals for Tenured and **IDPs** for Probationary teachers. (Minimally Effective and Ineffective Teachers from previous year go to PLAN II).

*Exemption of student growth data for a particular pupil for a school year upon the recommendation of a school administrator conducting the evaluation with approval of the district may be utilized.

*No Bargaining necessary on format, timing or manner of classroom observations

*No Bargaining necessary on evaluation development of content or system.

TEACHER'S SELF-EVALUATION

Every teacher consciously or unconsciously evaluates his/her daily and yearly performance. This guide provides an approach in organizing self evaluation in the manner in which your evaluating administrator will evaluate you. In a sense, it acts as a tool for you to familiarize yourself with rubrics leveling as it pertains to the components of evaluation.

The four major "domains of teacher responsibility" have been established by the Evaluation Committee. The goal was to provide a simple, concise instrument which could be used to assess your overall performance as a teacher. Your copy of this guide as a Self Evaluation piece is a device to help you analyze your overall performance and to set goals for self-improvement. It is to be turned into your building administrator when completed. You are encouraged to make a copy of it before submission.

INSTRUCTIONS FOR COMPLETION OF THE GUIDE AND THE SUMMARY

Each of the three "areas of responsibility" has been subdivided into five major statements. The last domain for Student Growth may not be used in your own Self Evaluation. This year, that domain, due to time constraints, is omitted for Self Evaluation. The sub statements (in the first Three Domains) are meant to further explain and expand the major statement. **Evaluate yourself on each major statement by circling the sub statements that is in the column of one of the following four levels:**

- 4 -Highly Effective.
- 3 -Effective.
- 2 -Minimally Effective.
- 1 -Ineffective.

EXAMPLE:

LEVEL OF PERFORMANCE				
Component	Ineffective	Minimally Effective	Effective	Highly Effective
1. The teacher follows building and district policies.	Teacher does not comply with school expectations and district regulations.	Teacher complies minimally with school expectations and district regulations, doing just enough to get by.	Teacher complies fully with school expectations and district regulations.	Teacher complies fully with school expectations and district regulations, taking a leadership role with colleagues.

Having completed all the ratings, enter them in the summary evaluation page (last page). Fill in the information and circle one of the four levels of "effectiveness" for your own compiled Self- Evaluation ratings. Please understand that your "Overall Rating" will only reflect the first three domains. Not until you are prepared to develop and submit your Student Growth Indicator(s) will you be prepared to evaluate yourself on that domain.

OCCUPATIONAL THERAPISTS, PHYSICAL THERAPISTS, AND NURSES

Domain 1: Planning and Preparation

COMPONENT	INEFFECTIVE	MINIMALLY EFFECTIVE	EFFECTIVE	HIGHLY EFFECTIVE
Ia. Demonstrating knowledge and skill in school-based occupational therapy	Occupational therapist, Physical therapist and Nurses plan and practice demonstrates little or no knowledge and skill in the application of therapeutic services within a school-based program.	Occupational therapist, Physical therapist and Nurses plan and practice demonstrate basic knowledge and skill in the application of therapeutic services within a school-based program.	Occupational therapist, Physical therapist and Nurses plan and practice demonstrates thorough knowledge and skill in the application of therapeutic services within a school-based program and the motoric interventions specific to the identified needs of the students receiving services.	Occupational therapist, Physical therapist and Nurses plan and practice demonstrate extensive knowledge and skill in the application of therapeutic services within a school-based program. The therapeutic practices/interventions build upon knowledge of best practices.
Ib. Establishing goals for the therapy program appropriate to the setting and the students served	Occupational therapist, Physical therapist and Nurses have not established clear goals for the therapy program, or they are inappropriate to either the situation or the age of the student.	Occupational therapist, Physical therapist and Nurses goals for the therapy program are rudimentary, and are only partially suitable to the situation and the age of the students.	Occupational therapist, Physical therapist and Nurses goals for the therapy program are clear and appropriate to the situation in the school and to the age of the students.	Occupational therapist, Physical therapist and Nurses goals for the therapy program are appropriate to the situation in the school and to the age of the students, and have been developed collaboratively with relevant school stakeholders.

<p>1c. Demonstrating knowledge of district, state, and federal regulations and guidelines.</p>	<p>Occupational therapist, Physical therapist and Nurses demonstrate little or no knowledge of governmental regulations and procedures as they pertain to the application of occupational therapy within a school-based program.</p>	<p>Occupational therapist, Physical therapist and Nurses demonstrate basic knowledge of governmental regulations and procedures as they pertain to the application of occupational therapy within a school-based program.</p>	<p>Occupational therapist, Physical therapist and Nurses demonstrate thorough knowledge of governmental regulations and procedures as they pertain to the application of occupational therapy within a school-based program.</p>	<p>Occupational therapist, Physical therapist and Nurses knowledge of governmental regulations and procedures is extensive as it pertains to the application of occupational therapy within a school-based program. They take a leadership role in reviewing and revising district therapeutic practices.</p>
<p>1d. Demonstrating knowledge of resources, both within and beyond the school and district.</p>	<p>Occupational therapist, Physical therapist and Nurses demonstrate little or no knowledge of resources for students, school personnel, and/or the therapists available through the school or district.</p>	<p>Occupational therapist, Physical therapist and Nurses demonstrate basic knowledge of resources for students, school personnel, and/or the therapists available through the school or district.</p>	<p>Occupational therapist, Physical therapist and Nurses demonstrate thorough knowledge of resources for students, school personnel, and/or the therapists available through the school or district and some familiarity with resources outside the district.</p>	<p>Occupational therapist, Physical therapist and Nurses demonstrates extensive knowledge of resources for students, school personnel, and/or the therapists available both in and outside the district and seeks out whatever resources necessary in order to meet the needs of students receiving therapeutic services within the school and district</p>

<p>1e. Planning occupational therapy services, integrated with the general education curriculum, to meet the needs of students being served in a school-based program.</p>	<p>The plan for occupational therapy services consist of a random collection of unrelated activities, lacking coherence, a relevant clinical rationale, unrelated to the students' curriculum and/or the demands of the educational environment.</p>	<p>The plan for occupational therapy services are based on relevant clinical rationale, and include minimally appropriate activities, but do not fully address the student's needs to participate in the curriculum and/or access the educational environment.</p>	<p>The plan for coherent occupational therapy services is based on relevant clinical rationale, includes diagnostically relevant activities, and is related to the student's ability to access the curriculum across educational environments.</p>	<p>Occupational therapist, Physical therapist and Nurses plan is highly coherent and serves to support students individually and/or in groups within the broader educational program and community.</p>

Domain 2: The Environment

COMPONENT	INEFFECTIVE	MINIMALLY EFFECTIVE	EFFECTIVE	HIGHLY EFFECTIVE
2a. Establishing rapport with students.	Therapeutic interactions between the Occupational therapist, Physical therapist and Nurses and the students are negative or inappropriate; students' affect and participation in therapy indicate discomfort with the therapist.	Therapeutic interactions between the Occupational therapist, Physical therapist and Nurses and the students are generally appropriate, but may be characterized by occasional actions of insensitivity to the needs of the students involved in therapy.	Therapeutic interactions between the Occupational therapist, Physical therapist and Nurses and the students are positive and respectful, reflecting warmth and empathy for the needs of the students; students' affect and participation indicate their receptivity to the provision of therapy.	Therapeutic interactions between the Occupational therapist, Physical therapist and Nurses and the students reflect a high degree of comfort and trust in the relationship as demonstrated by the active engagement in the therapeutic activities delivered by the therapist.
2b. Organizing time effectively	Occupational therapists, Physical therapist and Nurses lack time-management skills. This results in confusion, missed deadlines for evaluations and meetings, an inconsistent therapy schedule, or not completing paperwork in a timely manner.	Occupational therapist, Physical therapist and Nurses time-management skills are moderately well developed. They meet deadlines for evaluations and meetings, see some students for therapy based on the set schedule and completes most paperwork in a timely manner.	Occupational therapist, Physical therapist and Nurses time-management skills are effective. They have clearly defined schedules for student therapy, meet all deadlines for paperwork and complete the preparations necessary for student meetings in an efficient manner.	Occupational therapist, Physical therapist and Nurses demonstrate excellent time-management skills. They complete all timelines for evaluating students, prepare effectively for student meetings, provides therapy or students on his/her caseload and establishes a cohesive schedule that is executed in both an efficient and dependable manner.

<p>2c. Managing therapy procedures including the groupings of students, materials/supplies, provision of consultative supports and transitions</p>	<p>The Occupational therapist, Physical therapist and Nurses provide no procedures for consultative support for staff. Provision of therapy does not reflect appropriate grouping of students, does not have materials/supplies prepared in advance, and does not transition in a timely manner. The Occupational therapist, Physical therapist and Nurses are not responsive to staff concerns.</p>	<p>The Occupational therapist, Physical therapist and Nurses have established some procedures for consultative support for staff. Provision of therapy reflects minimally appropriate grouping of students, some materials/supplies prepared in advance, and occasionally transitions in a timely manner. The Occupational therapist, Physical therapist and Nurses are somewhat responsive to staff concerns.</p>	<p>The Occupational therapist, Physical therapist and Nurses have established effective consultative support for staff. Provision of therapy reflects appropriate grouping of students, materials/supplies prepared in advance, and the Occupational therapist, Physical therapist and Nurses transitions in a timely manner. The Occupational therapist, Physical therapist and Nurses are responsive to staff concerns.</p>	<p>The Occupational therapist, Physical therapist and Nurses have established proactive consultative support for staff. Provision of therapy reflects diagnostically relevant grouping of students, materials/supplies consistently prepared in advance, and the Occupational therapist, Physical therapist and Nurses transition in a timely manner. The Occupational therapist, Physical therapist and Nurses are responsive to all relevant stakeholders involved in the educational services provided to students.</p>

<p>2d. Establishing standards of conduct for the students receiving therapy</p>	<p>No standards of student conduct have been established and the Occupational therapist, Physical therapist and Nurses disregard or fails to address negative student behavior during evaluation or therapy.</p>	<p>Occupational therapist, Physical therapist and Nurses have clear rules of conduct in the evaluation and therapy session that are inconsistently enforced and attempts to monitor and correct negative student behavior during evaluation and therapy are provided with only partial success.</p>	<p>Occupational therapist, Physical therapist and Nurses have clear rules of conduct in the evaluation and therapy session that are consistently enforced and the attempts to monitor and correct negative student behavior are successful. Rules of conduct are posted and accessible to students.</p>	<p>Occupational therapist, Physical therapist and Nurses have clear rules of conduct in the evaluation and therapy session that are consistently enforced and the attempts to monitor and correct negative student behavior are successful. Rule of conduct are accessible to students and discussed with the students. Students engage in self-monitoring of behavior as appropriate.</p>
<p>2e. Utilizing available space for testing of students and providing therapy</p>	<p>The available space is disorganized. The Occupational therapist, Physical therapist and Nurses make no attempt to modify the available space or to find alternative space. Physical resources are unavailable.</p>	<p>The available space is fairly organized. The Occupational therapist, Physical therapist and Nurses make some attempt to modify the available space or to find an alternative space. Physical resources are difficult to find when needed.</p>	<p>The available space is well organized. The Occupational therapist, Physical therapist and Nurses adapt or modifies the available space to meet the needs of students receiving therapeutic services or finds an alternative space. Physical resources are available when needed.</p>	<p>The available space is organized and well suited to the planned therapeutic activities. The Occupational therapist, Physical therapist and Nurses adapt or modifies the available space to meet the needs of students receiving therapeutic services or finds an alternative space. They seek out additional equipment, materials and resources to enhance the achievement of therapeutic goals.</p>

Domain 3: Delivery of Service

COMPONENT	INEFFECTIVE	MINIMALLY EFFECTIVE	EFFECTIVE	HIGHLY EFFECTIVE
3a. Responding to referrals and evaluating student needs	Occupational therapist, Physical therapist and Nurses fail to respond to written referrals upon receipt of documentation within the mandated time frame.	Occupational therapist, Physical therapist and Nurses responds to written referrals within the mandated time frame, but response does not fully address the identified areas of concern listed in the referral and/or initiates only portions of the assessments defined in the requested referral	Occupational therapist, Physical therapist and Nurses respond to a written referral within the mandated time frame and provides a clear explanation of interventions and/or assessments, which have been aligned to the identified areas of need within the referral.	Occupational therapist, Physical therapist and Nurses are proactive in responding to written referrals within the mandated time frame and completes the indicated assessments documented in the referral with clear explanations of the interventions/assessments that are provided. They collaborate with all appropriate stakeholders involved with the student's educational program.

<p>3b. Developing and implementing treatment goals to maximize students' successes</p>	<p>The Occupational therapist, Physical therapist and Nurses fail to develop therapy goals suitable for students, or goals are mismatched with the findings of assessments.</p>	<p>Occupational therapist, Physical therapist and Nurses goals for students are only partially suitable for them or the alignment lacks connection with identified individual needs</p>	<p>Occupational therapist, Physical therapist and Nurses goals for students are diagnostically aligned with identified needs and individual goals are appropriately assessed in the student's educational plans.</p>	<p>Occupational therapist, Physical therapist and Nurses develop comprehensive goals for students, finding ways to meet student needs and incorporate the environmentally relevant interventions that correspond with assessment data. Student progress is documented to measure rate of progress and update goals as appropriate.</p>
<p>3c. Engaging students in therapeutic services</p>	<p>Therapy activities, materials, and groupings of students are inappropriate to meet the goals set for the students involved in therapeutic services resulting in little to no student engagement.</p>	<p>Therapy activities, materials, and groupings of students are moderately appropriate to achieve the goals set for the students involved in therapeutic services resulting in moderate student engagement</p>	<p>Therapy activities, materials, and groupings of students are fully appropriate to achieve the goals set for the students involved in therapy. Students are fully engaged and the therapy sessions illustrate a diagnostically aligned level of challenge to achieve the intended performance from the students.</p>	<p>Therapy activities, materials, and groupings of students are effective in achieving the goals set for the students involved in therapy. As applicable, the students are able to demonstrate independence in the execution of the therapeutic activities resulting in improved performance from the students.</p>

3d. Collecting information and writing reports	The Occupational therapist, Physical therapist and Nurses neglects to gather relevant information on which to base therapy goals; reports are inaccurate or unsubstantiated.	The Occupational therapist, Physical therapist and Nurses gather limited information on which to base therapy goals; reports are accurate, but lacking in clarity and only partially substantiated.	The Occupational therapist, Physical therapist and Nurses gather sufficient information on which to base therapy goals; reports are accurate and substantiated.	The Occupational therapist, Physical therapist and Nurses are proactive in gathering relevant information, interviewing relevant staff and parents, if necessary; reports are accurate, clearly written, and substantiated.
3e. Demonstrating flexibility and responsiveness	The Occupational therapist, Physical therapist and Nurses adhere to the IEP goals and benchmarks, in spite of evidence of its inadequacy. Minutes of service are not correlated to the student's goals and are insufficient to meet the student's needs.	The Occupational therapist, Physical therapist and Nurses make modest changes in the interventions and documents the changes in the progress reports, but does not amend the IEP when confronted with evidence of the need for change. Student's needs are considered when assigning minutes of service.	The Occupational therapist, Physical therapist and Nurses amend the IEP when there is evidence of a need for change and makes revisions in the therapy program, as indicated. Student's needs are monitored on an ongoing basis as a part of the determination of their needs for services.	The Occupational therapist, Physical therapist and Nurses amend the IEP when there is evidence of a need for a change in services. Revisions of therapy goals are coordinated with the student's demonstrated level of need and minutes of service are adjusted accordingly. Evidence-based practices are used to determine if adjustment in goals, benchmarks, and/or minutes of service are needed.

Domain 4: Professional Responsibilities

COMPONENT	INEFFECTIVE	MINIMALLY EFFECTIVE	EFFECTIVE	HIGHLY EFFECTIVE
4a. Reflecting on practice	The Occupational therapist, Physical therapist and Nurses do not reflect on practice, or the reflections are inaccurate or self-serving. They are unable to identify and evidence-based practice to support therapeutic interventions.	The Occupational therapist, Physical therapist and Nurses reflect on practice is moderately accurate and objective without citing specific examples, and with only global suggestions as to how it might be improved. They demonstrate a vague understanding of evidence-based practice and how it relates to the provision of therapeutic interventions.	The Occupational therapist, Physical therapist and Nurses reflection provides an accurate and objective description of practice, citing specific evidence. They make some suggestions as to how the therapy program might be improved through use of evidence-based practice.	The Occupational therapist, Physical therapist and Nurses reflection is highly accurate and perceptive, citing specific evidence. They draw on an extensive repertoire of therapeutic interventions to suggest alternative strategies and consistently in-corporates evidence-based practice.
4b. Maintaining an effective and organized data management system	The Occupational therapist, Physical therapist and Nurses data management system is either nonexistent or inappropriate; it cannot be used to monitor student progress or to adjust therapeutic goals.	The Occupational therapist, Physical therapist and Nurses gave developed a rudimentary or insufficient data management system for monitoring student progress and occasionally uses it to adjust therapeutic goals.	The Occupational therapist, Physical therapist and Nurses have developed an organized data management system for monitoring student progress and use it to update therapeutic goals.	The Occupational therapist, Physical therapist and Nurses have developed an effective data management system for monitoring student progress across settings and use it to update therapeutic goals. They use the system to communicate with stakeholders.

<p>4c Communicating with parents, staff and administrators</p>	<p>Occupational therapist, Physical therapist and Nurses are unavailable to stakeholders for questions and planning and does not provide background material when requested. Nurses' relationships with colleagues are negative or self-serving.</p>	<p>Occupational therapist, Physical therapist and Nurses are available to stakeholders for questions and planning and provide background material when requested.</p>	<p>Occupational therapist, Physical therapist and Nurses initiates contact with staff to provide information pertaining to students and documents consultation/collaboration in progress notes and data collection. Parents are informed as needed. maintains positive and productive relationships with colleagues.</p>	<p>Occupational therapist, Physical therapist and Nurses seek out staff to provide information pertaining to students, solicits their perspectives on individual students, and documents consultation/collaboration in progress notes and data collection. Parents are informed on an ongoing basis and assumes a leadership role with colleagues</p>

<p>4d. Growing and developing professionally</p>	<p>Occupational therapist, Physical therapist and Nurses do not participate in professional development activities, even when such activities are clearly needed for the development of skills. They are resistant to feedback from supervisors or colleagues.</p>	<p>Occupational therapist, Physical therapist and Nurses participate in professional development activities that are convenient or are required. They accept with some reluctance, feedback from supervisors and colleagues.</p>	<p>Occupational therapist, Physical therapist and Nurses seek opportunities for professional development based on an individual assessment of need and shares expertise with others. They welcome feedback from supervisors and colleagues.</p>	<p>Occupational therapist, Physical therapist and Nurses seek out opportunities for professional development based upon individualized assessment of need and contributes to the professional development of others through such activities as workshops/staff development to colleagues. Additionally, they seek constructive feedback from supervisors and colleagues as appropriate in the pursuit of his/her ongoing professional growth.</p>
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<p>4e. Showing professionalism</p>	<p>Occupational therapist, Physical therapist and Nurses are not trustworthy or dependable in his/her interactions with colleagues, students and the public. They fail to comply with school and district policies and practices. They violates practices of confidentiality as defined by state and federal law</p>	<p>Occupational therapist, Physical therapist and Nurses are trustworthy and dependable in interactions with colleagues, students, and the public. They comply minimally with school and district policies and practices and provide moderate advocacy for students, and do not violate practices of confidentiality.</p>	<p>Occupational therapist, Physical therapist and Nurses display high standards of honesty, integrity and confidentiality in documentation and interactions with colleagues, students and the school community. They advocate for students when needed. They comply fully and voluntarily with school and district policies and practice and maintain confidentiality as required by state and federal law.</p>	<p>Occupational therapist, Physical therapist and Nurses demonstrate the highest standards of ethical conduct, inclusive of confidentiality in documentation and sound therapeutically meaningful interactions with colleagues, students and the school community. They consistently advocate for students and take a leadership role with colleagues.</p>
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Self-Evaluation Summary Page

Directions: Based Upon the Components of Evaluation, and the Evaluation Rubrics, please record your Self-Evaluation by circling your cumulative, aggregate in each of the first three quartiles. Due to the many unknowns, the Student Growth Indicator (SGI) is omitted for the Self-Evaluation, since it may be too difficult to predict your rating.

Teacher's name: _____ School Year _____

School: _____ Subject Area: _____

Position: _____

RATINGS ON INDIVIDUAL DOMAINS/RUBRICS:

1. Planning/Preparation Responsibilities:

Highly Effective Effective Minimally Effective Ineffective

2. Environment:

Highly Effective Effective Minimally Effective Ineffective

3. Delivery of Services Responsibilities:

Highly Effective Effective Minimally Effective Ineffective

4. Professional Responsibilities

Highly Effective Effective Minimally Effective Ineffective

OVERALL RATING ON FIRST 4 OF 5 DOMAINS:

Highly Effective Effective Minimally Effective Ineffective

Principal's signature: _____ Date: _____

Teacher's signature: _____ Date: _____

DOMAIN 5. Student Growth

A teacher’s student growth evaluation is likely to involve the combination of multiple measures (e.g. the growth of students across a grade level as well as that of the students a teacher teaches directly.) Those measures are identified below:

Core Element	Fundamental Process	Essential Skill	Definition
STUDENT GROWTH	Using	Informal Assessment	using what happens in the classroom to assess student growth toward an intended outcome
	Multiple	Formal Assessment	designing and using specific assessment tools to assess student growth toward an intended outcome
	Data	Non-Assessment Data	collecting, analyzing, and applying information related to student needs, interests, opinions, extracurricular pursuits, behavior, attendance, etc. that may inform instruction
	Sources	Embedding Technology	using student data systems to collect and analyze information necessary for instructional decision-making

Comprehensive Data Collection Form

The Comprehensive Data Collection Form is used by both the professional school psychologist/social worker to summarize the documentation of a performance criterion over the course of the evaluation cycle. It should be maintained by the counselor with a yearly copy. It should be reviewed periodically to determine the professional school counselor’s progress. This document will provide an overview of the professional school psychologist/social worker’s performance to be used during the Evaluation Report. It serves as a composite of all the data collected. All data should be copied and discussed between the counselor and evaluating administrator.

Grade Level _____ Administrator/Supervisor _____

School _____ Date ____/____/____

Professional School Psychologist/Social Worker _____

Data Collection: Select TWO:

Indicators of Progress: Service logs/Medicaid Billing, Professional Portfolio, Case Study Analysis, IEP/Progress Reports, Pre/Post Data, & Other data.

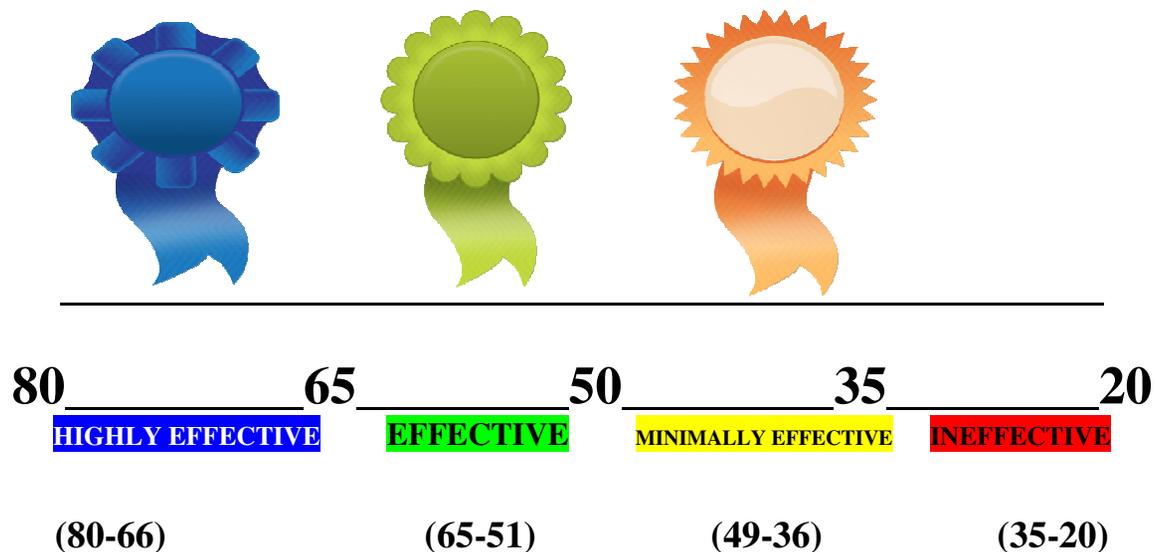
WORKSHEET FOR NUMERICAL TOTAL SCORE

First Four Domains: When totaling your aggregate score for the first four domains the multiplier is (.75) times (X) your effectiveness rating. Highly Effective is = 4, Effective = 3, Minimally Effective = 2, and Ineffective =1. Each of the first four domains have a total range of 15 points apiece. A perfect score in the first four domains would equal 60 of 80 of the 20-80 Total Range of Effectiveness we are using for all teacher affiliated evaluations. Thus, each of the first four domains is translated to be worth 20 points apiece and the SGI is 20 points.

When totaling your score for the Student Growth Indicator (SGI) your multiplier will vary based on the choices of amounts of indicators you submit. If you choose the minimum of two, your multiplier will be 2.5. For instance, if you receive a Highly Effective on the first or (4.0) and an Effective (3.0) on the other SGI, your sub total for the (SGI) = 2.5 (X) 4= 10 + 2.5 (X) 3= 7.5 for a TOTAL of 17.5.

TOTAL OVERALL SCORE: When totaling all five domains, your total overall score will fall into one of four categories: Highly Effective= 80-66, Effective=65-51, Minimally Effective=49-36, & Ineffective=35-20.

SCORING RANGES FOR LEVELS OF EFFECTIVENESS



Evaluation Summary Page

Teacher's name: _____ School Year _____

School: _____ Subject Area: _____

Evaluator: _____ Position: _____

RATINGS ON INDIVIDUAL RUBRICS:

1. Planning/Preparation Responsibilities:

Highly Effective Effective Minimally Effective Ineffective

2. Environment:

Highly Effective Effective Minimally Effective Ineffective

3. Delivery of Services Responsibilities:

Highly Effective Effective Minimally Effective Ineffective

4. Professional Responsibilities

Highly Effective Effective Minimally Effective Ineffective

5. Student Growth Indicator:

Highly Effective Effective Minimally Effective Ineffective

OVERALL RATING: Highly Effective Effective Minimally Effective Ineffective

OVERALL COMMENTS BY PRINCIPAL:

Principal's signature: _____ Date: _____

Teacher's signature: _____ Date: _____

GARDEN CITY PUBLIC SCHOOLS

PERFORMANCE GOALS

*At least one goal related to Best Practices and/or Learning Focus

The following performance goals represent the goals for my teaching:

- 1. _____

- 2. _____

- 3. _____

Signatures

Teacher

Administrator

Date

GARDEN CITY PUBLIC SCHOOLS

Individual Development Plan for: _____

Mutually Developed by: _____
(teacher signature)

(principal signature)

Date: _____

Goal 1:

Purpose of Goal:

Teacher Plan:

Goal 2:

Purpose of Goal:

Teacher Plan:

Goal 3:

Purpose of Goal:

Teacher Plan:

Teacher Evaluation Flow Chart

Rigorous, Transparent, Fair

