Richmond Community Schools

35276 Division * Richmond, Michigan 48062 * (586) 727-3565 * www.richmond.k12.mi.us

PROFESSIONAL STAFF EMPLOYEE EVALUATION SU	JMMARY						
Name: Building Assignment: ES	MS HS						
Status: 1 2 3 4 Tenure Date of Last Evaluation	:						
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DOMAIN 1 – PLANNING AND PREPARATION	HE E ME IE						
1a. Demonstrating knowledge and skill in the specialist therapy area; holding relevant cert./license.							
1b. Establishing goals for the therapy program appropriate to the setting and the student served.							
1c. Demonstrating knowledge of district, state, and federal regulations and guidelines.							
1d. Demonstrating knowledge of resources, both within and beyond the school and district.1e. Planning the therapy program, integrated with the regular school program, to meet the needs of							
individual students.							
1f. Developing a plan to evaluate the therapy program.							
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DOMAIN 2 – THE ENVIRONMENT	HE E ME IE						
2a. Establishing rapport with students							
2b. Organizing time effectively.							
2c. Follows established guidelines for referrals.							
2d. Establishing standards of conduct in the treatment sessions.							
2e. Organizing physical space for testing of students and providing therapy.							
DOMAIN 3 – DELIVERY OF SERVICE	HE E ME IE						
3a. Responding to referrals and evaluating student needs.							
3b. Developing and implementing treatment plans to maximize students' success.							
3c. Communicating with families.							
3d. Collecting information; writing reports.							
3e. Demonstrating flexibility and responsiveness.							
DOMAIN 4 – PROFESSIONAL RESPONSIBILITIES	HE E ME IE						
4a. Reflecting on practice.							
4b. Collaborating with teachers and administrators.							
4c. Maintaining an effective data management system.							
4d. Participating in a professional community.							
4e. Engaging in professional development.							
4f. Showing professionalism, including integrity advocacy, and maintaining confidentiality.							

Schedule E

DOMAIN 5 – STUDENT ACH	HEVEMENT GROWTH	AND AS	SSESSMENTS				
Goal 1 – Building Level – 80% or higher of the average number of students met or exceeded the <i>Projected Growth Target</i> as measured by the NWEA (Fall-Spring).			or	MET	NOT MET		
Mathematics		-					
Reading							
Language Usage							
Goal 2 – Building Level – Based on School Improvement Plan					MET	NOT MET	
Type Goal Here							
Type Evidence of Goal Here							
Goal 3 – Classroom Level -	Professional Best Pra	ctices G	ioal		MET	NOT MET	
Type Goal Here	-111						
Type Evidence of Goal Here Within Domain 5 there are three (3) Goals. If the staff member meets 3 of 3 Goals the overall rating for Domain 5 shall be Highly Effective, 2 of the 3 Goals the overall rating for Domain 5 shall be Effective, 1 of 3 Goals the overall rating for Domain 5 shall be Minimally Effective, and 0 of 3 Goals the overall rating for Domain 5 shall be Ineffective. Data for Goal 1 will be based only on students who have a test score on the Fall NWEA AND Spring NWEA.							
WALK-THROUGH AND/OR	OBSERVATION DATES	5					
It is the expectation of the Superintendent	that the Evaluator documents mu	ultiple Walk	x-throughs and/or Observations prior	to comple	ting the final e	valuation.	
OVERALL NARRATIVE							
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Any Domain in which a subcategory is indic	cated as <i>Minimally Effective</i> or <i>In</i>	<i>effective</i> sh	iall be detailed in the overall narrative	e.			
STATE OF MICHIGAN OVERALL EVALUATION RATING. A staff member that does not meet the standard for Domain 5, Goal 1, will not be prevented from achieving an overall Highly Effective rating should their personal student achievement data demonstrate otherwise.							
Highly Effective (HE)	Effective (E)		Minimally Effective (ME)		Ineffecti		
Highly Effective indicates that the An overall Minimally Effective Rating may superintendent's Instructional Team require a staff member to be placed on an Individual Development Plan (IDP). an Individual Development Plan (IDP). with the Evaluator's recommendation.						hall be placed on	
By signing your name indicates that you have received your evaluation.							
Signature of Staff Member		Data	the staff member's intent to file a written reaction to this evaluation.				
Signature of Administrator			Date				
Signature of Support Administrator, If app	plicable		Date				
				_	ure of the Supe dication that th		
Brian J. Walmsley, Ed.S., Superintendent			Date	only an indication that the staff member's evaluation has been reviewed by the Superintendent.			