

UNION-ENDICOTT CENTRAL SCHOOL DISTRICT

Administrative Evaluation Form

Non-Tenured Pupil Personnel

TEACHER:	DATE:
BUILDING:	ADMINISTRATOR:
ASSIGNMENT:	

**Pre-Conference** (see Pre-observation Conference Form)

Date of Pre-Conference: \_\_\_\_\_ Time: \_\_\_\_\_

Goals or attributes to be addressed:  Check applicable NYS Criteria:

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> classroom management   | <input type="checkbox"/> planning/preparation | <input type="checkbox"/> collaboration       |
| <input type="checkbox"/> instructional delivery | <input type="checkbox"/> student development  | <input type="checkbox"/> reflective response |
| <input type="checkbox"/> content knowledge      | <input type="checkbox"/> student assessment   |  |

Focus of observation:  Check one(s) that apply:

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> advocating                | <input type="checkbox"/> information delivery           | <input type="checkbox"/> student development     |
| <input type="checkbox"/> assessing & using data    | <input type="checkbox"/> leading                        | <input type="checkbox"/> student assessment      |
| <input type="checkbox"/> counseling & coordinating | <input type="checkbox"/> network of community resources | <input type="checkbox"/> teaming & collaborating |
| <input type="checkbox"/> collaboration w/teachers  | <input type="checkbox"/> social skills training         | <input type="checkbox"/> other: _____            |
| <input type="checkbox"/> collaboration w/students  | <input type="checkbox"/> school health management       |  |
| <input type="checkbox"/> collaboration w/parents   | <input type="checkbox"/> situational management         |  |

**Observation**

Date of Observation: \_\_\_\_\_ Time: \_\_\_\_\_

<input type="checkbox"/>	announced
<input type="checkbox"/>	unannounced

Place: \_\_\_\_\_

**Post-Conference**

**Date of Post-Conference:** \_\_\_\_\_ **Time:** \_\_\_\_\_

**Observation Summary (Administrator)**

Commendations:

Professional Stretch (Recommendations):

Collaborative Response:

Teacher Response:

**ADMINISTRATOR'S SIGNATURE:** \_\_\_\_\_ **DATE** \_\_\_\_\_

**ADMINISTRATOR'S TITLE** \_\_\_\_\_

**TEACHER'S SIGNATURE:** \_\_\_\_\_ **DATE** \_\_\_\_\_