

Teacher Observation Report

Teacher _____ Observer _____

Date: _____ Start Time: _____ End Time: _____

Subject and Grade Observed: _____

The Observation Report will cite specific standards and identify the teacher's instructional techniques and patterns of effective teaching, supported by evidence such as quotes or descriptions. The report will include the effect on students and the likely significance of the teacher's action, or lack of action, on student learning. Recommendations for professional growth, based on specific standards, may also be included in this report.

Evaluating Supervisor's Signature

Date

Teacher's Signature

Date

Teacher's signature only signifies receipt of report, not necessarily agreement with the content.
Teacher Comments:

**Cape Cod Regional Technical High School
Personal Action Plan**

Teacher _____ Professional Area _____

This Personal Action Plan is to be completed by the teacher in consultation with the evaluator. You may use additional pages to address more than one goal.

1. GOAL: What Performance Area or District Improvement Objective will be addressed in this plan? Please specify your Action Plan Goal.

2. RATIONALE: How will this plan contribute to enhanced student learning?

3. ACTIVITIES: How will the goal be accomplished?

4. DATA: How will you assess your progress toward your goal and its impact on student learning?

Teacher's Signature

Date

Evaluating Supervisor's Signature

Date

Cape Cod Tech Teacher Evaluation

| | | | |
|---|-------------------|--------------------|----------------|
| 1. Performance Area | Proficient | In Progress | Not Met |
| The teacher demonstrates currency in the curriculum. | | | |
| Comments: | Recommendations: | | |
| | | | |
| 11. Performance Area | Proficient | In Progress | Not Met |
| The Teacher shows evidence of effective planning for instruction and assessment | | | |
| Comments: | Recommendations: | | |
| | | | |
| 111. Performance Area | Proficient | In Progress | Not Met |
| The teacher shows evidence of effective management of classroom environment | | | |
| Comments: | Recommendations: | | |
| | | | |

| | | | |
|--|------------------|-------------|---------|
| IV Performance Area | Proficient | In Progress | Not Met |
| The teacher demonstrates effective instruction | | | |
| Comments: | Recommendations: | | |
| V. Performance Area | Proficient | In Progress | Not Met |
| The teacher demonstrates high standards and expectations for student achievement | | | |
| Comments: | Recommendations: | | |
| VI. Performance Area | Proficient | In Progress | Not Met |
| The teacher demonstrates an appreciation of diversity and promotes equal access among all students | | | |
| Comments: | Recommendations: | | |

| V11, Performance Area | Proficient | In Progress | Not Met |
|---|------------------|-------------|---------|
| The teacher consistently fulfills professional responsibilities | | | |
| Comments: | Recommendations: | | |
| | | | |

Teacher's Signature

Date

Evaluating Supervisor's Signature

Date

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 Teacher Comments:

**Cape Cod Regional Technical High School
Professional Teacher Reflection Year Summary Form**

Teacher _____ School Year _____

Identify your professional growth activities for this year and comment on their significance to your growth as a teacher. What insights have you gained and how will this year impact your professional practice?

Teacher Signature

Date

Cape Cod Regional Technical High School Collaborative Planning Year Form

Teacher _____ Professional Area _____

The Collaborative Planning Year Form is to be completed by the teacher in consultation with the evaluating supervisor. You may use additional pages to address more than one goal.

1. **GOAL:** What Performance Area or District Improvement Objective will be addressed in this Collaborative Plan? Please specify your Collaborative Plan goal.

2. **RATIONALE:** How will this plan contribute to enhanced student learning?

3. **ACTIVITIES:** How will the goal be accomplished?

4. **DATA:** How will you assess your progress toward your goal and its impact on student learning?

Teacher's Signature

Date

Evaluating Supervisor's Signature

Date

