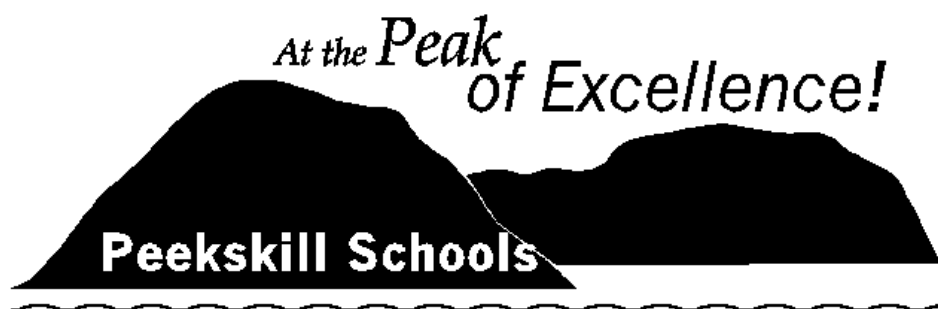


Peekskill City School District

PEEKSKILL CITY SCHOOL DISTRICT

APPR FORMS



Peekskill City School District

Lesson Planning Guide

| | |
|---|-----------------------|
| <u>Name:</u> | <u>School:</u> |
| | |
| <u>Department/Grade:</u> | <u>Date:</u> |
| | |
| Questions for discussion: (Use a separate sheet, if necessary.) | |
| Thoroughly prepare your lesson using this planning guide. Please bring this to the pre-observation conference with any materials you will be distributing to students. | |
| 1. Briefly describe the students in the class, including those with special needs. | |
| | |
| 2. How will you differentiate instruction for different individuals or groups of students in the class? | |
| | |
| 3. How does this lesson relate to the curriculum and the standards? | |
| | |
| 4. How does this lesson “fit” in the sequence of learning for this class? | |
| | |
| 5. <u>Goals/Objectives:</u> What is the goal of the lesson? | |
| | |
| 6. <u>Procedures:</u> Provide clear, concrete, step-by-step description of the lesson. How will you engage the students in the learning? What will you do? What will the students do? Will the students work in groups, or individually, or as a large group? List: resources/materials. | |
| | |
| 7. <u>Summary/Closure:</u> How will you end your lesson? | |
| | |
| 8. <u>Assessment:</u> How and when will you know whether the students have learned what you intend? How will you know objectives were met? What assessment techniques will you employ? | |
| | |
| 9. Is there anything that you would like me to specifically observe during the lesson? | |
| | |

Peekskill City School District

| Post Observation Reflection Document | |
|--|------------------------|
| NAME: | SCHOOL: |
| | |
| DEPARTMENT/GRADE: | DATE OF LESSON: |
| | |
| This form is to be completed by the teacher after the lesson and prior to the post-observation conference. It should be brought to the conference to be used as part of the dialogue. | |
| | |
| 1. As I reflect on the lesson: To what extent did the students learn what I intended? To what extent were my instructional goals met? [For multiple day lessons, identify when student performance data will be gathered.] | |
| | |
| 2. How do/will I know? | |
| | |
| 3. Explain how students were productively engaged: | |
| | |
| 4. How well did I differentiate the instruction given the range of students in my class? | |
| | |
| 5. Did I alter my goals or instructional plan as I taught the lesson? Why? | |
| | |
| 6. What are the next steps, relating to this lesson? | |
| | |

REFLECTION DOCUMENT – ANNUAL PERFORMANCE

NAME

SCHOOL

Please pause to reflect on your performance over the past year and record your assessment in each of the following criteria. Your reflection should identify those areas where you have been particularly pleased and those areas where you would like to strengthen your performance. Please feel free to attach any documents which support your assessment.

- 1. IMPLEMENTATION OF REFLECTIVE AND RESPONSIVE PRACTICES THAT DEMONSTRATES NECESSARY ADJUSTMENTS ARE MADE ON A CONTINUING BASIS TO IMPROVE THE EFFECTIVENESS OF INSTRUCTION AND ASSESSMENT.**
- 2. MAINTAINS ACCURATE RECORDS.**
- 3. COMMUNICATES WITH FAMILIES PROVIDING INFORMATION RELATING TO INSTRUCTIONAL PROGRAM, AS WELL AS INDIVIDUAL STUDENT ACHEIVMENT.**
- 4. PARTICPATES IN PROFESSIONAL COMMUNITIES. MAINTAIN A RELATIONSHIP WITH FACULTY AND COLLEGUES CHARACTERIZED BY MUTUAL SUPPORT.**
- 5. ENHANCE PEDAGOGICAL PRACTICES TO SUPPORT INSTRUCTION THROUGH PROFESSIONAL DEVELOPMENT.**
- 6. STUDENT PROGRESS**

[Type text]

[Type text]

[Type text]

NAME:

SCHOOL:

Announced/Unannounced:

SUBJECT/GRADE:

OBSERVER:

OBSERVATION DATE:

Date of Pre-conference:

Date of Post-Conference/Reflection:

| Rubric Score: | | | |
|---------------|--------------------------|---------------------------|-------------|
| Domain | Planning and Preparation | The Classroom Environment | Instruction |
| Average score | | | |

Narrative of lesson:

Summary of strengths and growth potential, relating to lesson:

[Type text]

[Type text]

[Type text]

Teacher Acknowledgement

I have reviewed this document and discussed the contents with the observer. My signature means that I have received a copy of this report and does not necessarily imply that I agree with the content.

Teacher Signature

Supervisor Signature

[Type text]

[Type text]

[Type text]

| Domain 1: Planning and Preparation | | |
|--|--------------|-------------------|
| Element (Click any element to go to rubric) | Score 1-4 | Evidence/Comments |
| • Demonstrates knowledge of content and pedagogy | | |
| • Demonstrates knowledge of students | | |
| • Setting instructional outcomes | | |
| • Demonstrating knowledge of resources | | |
| • Designing coherent instruction | | |
| • Designing student assessments (N/A –unannounced) | | |
| Average for Domain 1 | Calculated | |
| Domain 2: Classroom Environment | | |
| Element (Click any element to go to rubric) | Score 1-4 | Evidence/Comments |
| • Creating an environment of respect and rapport | | |
| • Establishing a culture for learning | | |
| • Managing classroom procedures | | |
| • Managing student behavior | | |
| • Organizing physical space | | |
| Average for Domain 2 | Calculated | |
| Domain 3: Instruction | | |
| Element (Click any element to go to rubric) | Score 1-4 | Evidence/Comments |
| • Communicating with students | | |
| • Using questioning and discussion techniques | | |
| • Engaging students in learning | | |
| • Using assessment in instruction (N/A –unannounced) | | |
| • Demonstrating flexibility and responsiveness | | |
| Average for Domain 3 | Calculated | |
| OVERALL | | |
| Average | Calculated | HEDI - Rating |
| | | |

Peekskill City School District – APPR Forms

Name: _____

Date: _____

Mid Year ____ End Year

School: _____

Administrator:

| Domain 4: Professional Responsibilities | | |
|--|-------------------|-------------------|
| Element (Click any element to go to rubric) | Score 1-4 | Evidence/Comments |
| • Reflection on teaching | | |
| • Maintaining accurate records | | |
| • Communicating with families | | |
| • Participating in professional communities | | |
| • Growing and developing professionally | | |
| • Showing professionalism | | |
| Average for Domain 4 | <i>Calculated</i> | |

Total scoring and conversion for teacher effectiveness (Click related box to view teacher effectiveness conversion scale)

(Click related box to view and chart rubric score to sub-component conversion chart)

| Observation 1 (average) | Observation 2 (average) | Observation 3 (If applicable) | Professional Responsibilities (average) | Total Score Teacher effectiveness | Conversion score | Rating |
|-------------------------------|-------------------------------|----------------------------------|---|---|---------------------|------------------|
| <i>Populated</i> | <i>Populated</i> | <i>Populated</i> | <i>Populated</i> | <i>Calculated</i> | <i>Calculated</i> | <i>Populated</i> |

Attendance and punctuality:

Recommendations for personal growth and commendations:

Teacher final year evaluation composite score: (Click on table to see Final Composite score chart)

| Subcomponent | Student Growth 0-20 | Locally select ed | Teacher effectiveness 0- 60 | Total Score (0-100) | Effectiveness Rating |
|--------------|---------------------------|-------------------------|-----------------------------------|------------------------|-------------------------|
|--------------|---------------------------|-------------------------|-----------------------------------|------------------------|-------------------------|

Peekskill City School District – APPR Forms

| | | | | | |
|--|--|-------------|-------------------|-------------------|------------------|
| | | 0-20 | | | |
| | | | <i>calculated</i> | <i>Calculated</i> | <i>Populated</i> |

Teacher's Signature: _____

Date: _____

Evaluator's Signature: _____

Date:

Teacher's signature does not constitute agreement but merely signifies s/he has examined and discussed the materials with the evaluator. Teachers shall have the right to insert written explanation or response to written feedback on evaluator within 10 business days , which may be considered during the appeals process.